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Chapter 1. Welcome

Remaining competitive in today’s market requires that health care organizations identify ways to reduce costs and increase efficiency. The ActionOI® operational benchmarking database service provides the operational intelligence required to identify, examine, and improve organizational performance.

This chapter includes the following sections:

- About ActionOI® 33
- About ActionOI Department Reference Manual (DRM) 38
- Working with the Acrobat (PDF) version of DRM 40
- Additional Support Resources 43

About ActionOI®

Remaining competitive in today’s market requires health care organizations to identify ways to reduce costs and increase efficiency. The ActionOI® operational benchmarking database service provides the operational intelligence required to identify, examine, and improve organizational performance.

With detailed data from hundreds of health care organizations across the country, ActionOI establishes the foundation for sound performance improvement strategies by providing the information you need to make critical business decisions.
Proprietary Information

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Trademarks

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ActionOI® is a registered trademark of IBM Corporation.

All other company and product names mentioned are used for identification purposes only and may be trademarks of their respective owners.

Your User ID and Password

To use ActionOI, you must have a customer ID, user ID, and password.

We assign a user ID to the ActionOI program coordinator. The program coordinator can begin using ActionOI or instead access the Data Collection application to assign user IDs and passwords.

Note: If you ever forget your password, it's easy to retrieve it. For steps, see If You Forget Your Password.

System Requirements

Minimum Requirements

<table>
<thead>
<tr>
<th>System Requirements</th>
<th>Windows Vista</th>
<th>Windows 7</th>
<th>Windows 8</th>
<th>Windows 10</th>
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</thead>
<tbody>
<tr>
<td>Hard Disk</td>
<td>40 GB hard drive with at least 10 GB of available space (20 GB for Home Basic)</td>
<td>40 GB hard drive with at least \16 GB (32-bit) or 20 GB (64-bit) available hard disk space</td>
<td>40 GB hard drive with at least \16 GB (32-bit) or 20 GB (64-bit) available hard disk space</td>
<td>40 GB hard drive with at least 16 GB (32-bit) or 20 GB (64-bit) available hard disk space</td>
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**System Requirements**

<table>
<thead>
<tr>
<th>System Requirements</th>
<th>Windows Vista</th>
<th>Windows 7</th>
<th>Windows 8</th>
<th>Windows 10</th>
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<tr>
<td>RAM</td>
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<td>1 GB RAM (32-bit) or 2 GB RAM (64-bit)</td>
<td>1 GB RAM (32-bit) or 2 GB RAM (64-bit)</td>
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<tr>
<td>Processor</td>
<td>1 GHz, 32-bit (x86) or 64-bit (x64) processor</td>
<td>1 (GHz) 32-bit (x86) or 64-bit (x64) processor</td>
<td>1 (GHz) 32-bit (x86) or 64-bit (x64) processor</td>
<td>1 (GHz) 32-bit (x86) or 64-bit (x64) processor</td>
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**Recommended for Optimal Performance**

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<tr>
<td>Hard Disk</td>
<td>40 GB Hard disk with 10 GB free space</td>
<td>40 GB Hard disk with 20GB free space</td>
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<td>Pentium(R) 4 CPU 2.80GHz</td>
<td>Pentium(R) 4 CPU 2.80GHz</td>
<td>Pentium(R) 4 CPU 2.80GHz</td>
</tr>
</tbody>
</table>

**Browser Requirements**

After you have checked the System Requirements, you are ready to configure your browser so you can begin using ActionOI. By configuring your browser correctly, you ensure that ActionOI performs as it should. Problems may result if your browser is not properly configured (for example, if your browser is set up with the wrong security level, you cannot use the browser to access ActionOI Data Collection).

ActionOI is compatible with Microsoft Internet Explorer versions 6 through 11.

Before using ActionOI, read and complete the steps in the following:
• **Set Up Automatic Page Refresh** (on page 37)

• Set Up Browser Security

• **Browser Recommendations and Troubleshooting** (on page 36)

## Set Up Browser Security

You must set up your browser’s security level to the right level for ActionOI.

If you are using Microsoft Internet Explorer versions 6 - 11, you must also set up your browser to accept third-party cookies from Web sites. Cookies are text-only files that identify users and allow Web sites such as ActionOI to prepare customized Web pages.

### To set up security

1. Open Internet Explorer.

2. Select **Tools > Internet Options**. The Internet Options window appears.

3. Click the Security tab, and then under Security content zone to specify its security settings, click Internet.

4. Click **Custom Level**.

5. Under Reset custom settings, click **Medium**. Click **OK**.

6. If the browser displays a dialog box that indicates you don’t have permission to change this setting, you can change the necessary settings individually. In the Settings box, configure the following in the appropriate sections:
   - ActiveX controls and plug-ins: Set Run ActiveX controls and plug-ins to **Enable**.
   - Script ActiveX controls marked safe for scripting: Set to **Enable**.
   - Downloads: Set File download to **Enable**.
   - Scripting: Set Active scripting to **Enable**.

7. Click **OK**. The Security Settings dialog closes.

8. Continue and read **Browser Recommendations and Troubleshooting** (on page 36).

## Browser Recommendations and Troubleshooting

In addition to the **Browser Requirements** (on page 35), note the following to avoid problems using ActionOI with your browser.

• **Do not use pop-up-blocking or ad-blocking software.**
Pop-up blocking software can prevent the correct display of ActionOI information, which can appear in a separate browser window. The software is popular since it can speed up Web site use. If you have pop-up blocking software installed with your browser, disable it while you use ActionOI to avoid problems. When you’re done using ActionOI, you can re-enable your pop-up blocking software.

- **Do not have more than one instance of an application window open at one time.**

  Often, ActionOI Data Collection clients want to use two or more separate sessions of the application simultaneously. We discourage this practice however as it can, and often does, lead to data corruption if the second window is not opened properly.

  If you need to work multiple windows, please open an entirely new instance of Internet Explorer and log in again.

  Logging in the second time is important because it ensures that the windows are completely independent sessions. If you open the second window using *Ctrl N*, or by *Window New*, the two windows will share information, such as the current department. If data is entered in the second window, it might be applied to the department that is shown in the first window which will increase the probability of data corruption.

**Set Up Automatic Page Refresh**

You must set up your browser so it will automatically check for new versions of ActionOI pages.

**To set up automatic page refresh**

1. Open Internet Explorer.
2. Select **Tools > Internet Options**. The Internet Options window appears.
3. Click the **General** tab, and then click **Settings**.
4. Under **Check for newer versions of stored pages**, select **Automatically**.
5. Click **OK**.
Chapter 2. About ActionOI Department Reference Manual (DRM)

The ActionOI Department Reference Manual (DRM) provides department definitions, normalization rules, and data elements used for data mapping.

ActionOI DRM Formats

This manual is provided in two types of formats, which are described in the following table.

<table>
<thead>
<tr>
<th>Format</th>
<th>Why Use this Format?</th>
</tr>
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<tbody>
<tr>
<td>HTML</td>
<td>• It provides all the advantages of an online system.</td>
</tr>
<tr>
<td></td>
<td>• It downloads more quickly than the PDF version.</td>
</tr>
<tr>
<td></td>
<td>• You can easily print entire departments, as described in Printing Individual Departments.</td>
</tr>
<tr>
<td>PDF</td>
<td>You can download the entire manual and use it even when you are not online, as described in Downloading the Entire Manual.</td>
</tr>
</tbody>
</table>

Who Should Read the DRM?

This manual provides information pertinent to the job of anyone who maps organizational cost centers to ActionOI departments or reads ActionOI reports. Typically, these users include:

- **Program Coordinator**—serves as the client staff member who is the primary administrator of the ActionOI application. Program coordinators are typically responsible for all phases of data collection, including uploading, data entry, normalizing, and mapping data.

  Program coordinators use DRM as a reference guide when mapping data. Program coordinators should also refer to ActionOI Data Collection User Guide for information about how to map data. This document is available on the ActionOI Support and Training page. To access this page, click Support at the top of the ActionOI page.

- **Department Manager**—oversees the operations of a department. Department managers typically read reports generated by ActionOI, and use the DRM as a reference guide when interpreting data in the reports.
How the DRM is Organized

The department series are listed alphabetically within the manual. Each department series contains multiple departments; these departments are listed by department ID number.

For more information about the department series, refer to What is a Department Series?

Printing Individual Departments

When mapping data or interpreting reports, you might find it helpful to print the contents of a single department to review offline. The HTML version of DRM is structured in a way that makes it easy for you to print the entire contents of an individual department.

To print a department
1. Access the HTML version of the manual.
   The manual launches in a browser.
2. In the Contents pane (the left pane), expand the appropriate department series and click the department name.
   The department information displays in the right pane.
3. Do one of the following:
   - In the upper right-hand corner of the browser frame, click the Print button; or
   - From the File menu, select Print.
   The department prints to the specified printer.

Related Documentation

The ActionOI documentation suite comprises the following documents:

- This document, the ActionOI Department Reference Manual (DRM)—provides department definitions, normalization rules, data elements, and worksheets for data mapping.

- ActionOI Security Users Guide—provides step-by-step instructions to assign roles to users, add and update users, add facility groups and add department groups. This guide is used by the facility's program coordinator.

- ActionOI Data Collection Users Guide—provides step-by-step instructions for all tasks needed to fulfill the data collection process.

These documents are available on the ActionOI Support and Training page. To access this page, click Support at the top of the ActionOI page.

Note: If you download or print ActionOI reference material (for example, the user's guides, or PDF version of the DRM), please bear in mind that new versions are published regularly which may render your printed material obsolete. Please check product Release Notes and the What's New in this Release section of the DRM to see if there are changes which affect your department so that you can print updated versions when needed.

Documentation Conventions

The following conventions are used:

<table>
<thead>
<tr>
<th>Convention</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;</td>
<td>This symbol connects items in a menu sequence.</td>
</tr>
<tr>
<td><strong>Bold</strong></td>
<td>Highlights items that can be selected in the ActionOI Data Collection interface, including buttons, menu items, or other information.</td>
</tr>
<tr>
<td><em>Italics</em></td>
<td>Highlights new or important terms, keywords and titles of books.</td>
</tr>
<tr>
<td>📝 <strong>Note</strong>:</td>
<td>This icon provides additional information about a subject.</td>
</tr>
<tr>
<td>📋 <strong>Tip</strong>:</td>
<td>This icon provides information that may improve product performance or make procedures easier to follow.</td>
</tr>
<tr>
<td>📖 <strong>Example</strong>:</td>
<td>This icon provides information to further clarify concepts.</td>
</tr>
<tr>
<td>🔴 <strong>Caution</strong>:</td>
<td>This icon provides information to alert you to a situation that can cause problems.</td>
</tr>
<tr>
<td>🤔 <strong>Shortcut</strong>:</td>
<td>This icon provides you with short cut keys to the certain function.</td>
</tr>
</tbody>
</table>
Working with the Acrobat (PDF) version of DRM

The portable document format (PDF) version of the DRM is ideal for users who want to download the entire manual. Like the HTML format, the PDF format provides a search tool and an index.

Finding Words in a PDF Document

You can use the Find command to find a complete word, part of a word, or a phrase in the current PDF document. Acrobat Reader looks for the word by reading every word on every page in the file, including text in form fields.

To find a word using the Find command

1. From the Acrobat Reader Edit menu, select Find.
   The Find dialog opens.
2. In the Find What field, enter the text to find.
3. (Optional) Select any of the find options:
   - Match Whole Word Only—Finds only occurrences of the complete word you enter in the text box. For example, if you search for the word tick, the words stick and tickle will not be highlighted.
   - Match Case—Finds only words that contain exactly the same capitalization you enter.
   - Find Backwards—Starts the search from the current page and goes backward through the document.
4. Click Find.
   Acrobat Reader finds the first occurrence of the word.

   Tip: To find the next occurrence of the word, click Find Again in the Find dialog. If the Find dialog is closed, select Find Again from the Edit menu, or press Ctrl+G

Navigating to a Specific Page in a PDF Document

You can navigate to a specific page using a variety of methods.

To jump to a page by its number

1. Do one of the following:
   - From the Document menu, choose Go To Page, enter the page number, and click OK.
   - Drag the vertical scroll bar until the number of the page you want to jump to is displayed.
• Select the current page number in the status bar, enter the page number to jump to, and press Return.

Printing the Entire Manual

You can print the entire document, specify a range of pages, non-consecutive pages, or a particular page area to print before opening the dialog box.

To print a PDF document
1. Do one of the following:
   • From the File menu, select Print; or
   • Click the Print button.
   The Print dialog opens.
2. From the Printer drop-down list, select the appropriate printer.
3. In the Print Range group box, do one of the following:
   • To print the entire PDF, select All.
   • To print only the page that is currently displayed, select Current Page.
   • To print a specific range of pages, select Pages from and enter the range.
4. Click OK. The PDF prints to the selected printer.

Navigating with bookmarks

Bookmarks provide a visual table of contents and usually represent the chapters and sections in a document. Bookmarks appear in the navigation pane on the left side of the Acrobat Reader window.

To browse using a bookmark
1. Show the Bookmarks pane.
   If bookmarks are not displayed, do one of the following:
   • Press F5, or
   • Click the Bookmarks tab to bring the palette to the front.
2. Click the appropriate bookmark to jump to a topic.
   Tip: You can make the Bookmark pane remain open after you click a bookmark. Click the Options menu at the top of the Bookmark pane, and make sure Hide After Use is not selected.
**Downloading the Manual**

The entire Department Reference Manual is provided in Acrobat PDF format, which you can download for offline viewing or display within the online Help.

**To download the PDF**

2. In the Acrobat tools menu as shown below, click the Save button. The Save As dialog opens.
3. Select or enter the appropriate location and name for the PDF.
4. Click Save. The PDF is downloaded to your computer.

**Additional Support Resources**

**Contacting Product Support**

Visit the Product Support Web site to submit issues, review the status of previously submitted issues or access product information through the Knowledge Base.

**Providing Feedback to ActionOI**

Use this page to submit suggestions and requests for enhancements to ActionOI. Please include your email address and contact information if you haven't entered it in your personal profile.

**To send feedback to ActionOI**

Select Feedback from the ActionOI main menu. ActionOI displays the Feedback page.

1. Enter your name, phone, and email address.
2. Enter information regarding the Web browser version you're using, your operating system, the ActionOI module concerned, and other information regarding the issue.
3. Enter your preferences around being contacted by IBM.

Click Submit. Or, click Cancel to cancel the operation.
IBM Communities

Visit the IBM Communities to communicate with your peers from hospitals across the country, trade best practices about IBM products and access industry experts. This premium resource is free for our customers.

Customer Education & Training

The Customer Education & Training team provides online training for a wide variety of IBM products. You can learn additional information about classes that are available for this product by clicking the Product Training link on the Support page of the IBM Web site.
Chapter 3. Prior Releases

The Department Reference Manual (DRM) is a dynamic document; it keeps pace with changes to ActionOI which in turn is responsive to the industry and to ActionOI clients. This Prior Releases section of the DRM will help you track these changes, providing you with information on new, deleted, and updated sections for recent releases. For changes in the current release, please see the Release Notes on the ActionOI portal page.
2nd Quarter 2019

This chapter includes the following sections:

- Content Updates 46
- Product Updates 49

Content Updates

The following updates were made to ActionOI this quarter.

Content Enhancements

Quality Management and Patient Safety Services

A comprehensive content review of the Quality Management and Patient Safety Services Series, specifically Infection Prevention and Control and Healthcare Epidemiology, was conducted and content changes have been implemented with this release.

Key highlights of the content updates can be found within the content information packet which has been posted to the ActionOI Documentation forum of the Advantage Community.

Offering Management will lead a training event to discuss these changes in detail. Be sure to register and attend this event scheduled for June 27th, 2019 to learn more and ask questions. We hope you will join us and encourage Infection Prevention and Control leaders to attend this session to hear about the upcoming changes to the content within the tool.

Request for Enhancements

The following updates to the ActionOI content set were made this release based on requests from users like you that utilized tools including but not limited to: Feedback, NPS surveys, and/or Product Support Portal.

Cardiovascular Services

04250, Electrophysiology – The formula for Procedures per Room per Day of Operation has been corrected. Originally the formula was: Total Procedures/Procedure Rooms/Days of Operation per Week. It has been corrected to be: Total Procedures/Procedure Rooms/Days of Operation per Week/# Weeks in Period. This correction has been applied to all applicable previous time periods.

Fiscal Services
05420, **Financial Decision Support and Planning** — the following indicators have been added to the following Stoplight Reports:

- Hours Worked per Cost Centers Maintained – Labor Productivity Stoplight report
- Labor Expense per Cost Centers Maintained – Labor Expense Stoplight Report
- Total Expense per Cost Centers Maintained – Total Expense Stoplight Report

**Imaging Services**

03470, **Outpatient Imaging** — the following characteristic survey questions have been added to the department:

- Does the department: Perform Diagnostic Radiology procedures
- Does the department: Perform Mammography procedures
- Does the department: Perform Interventional Radiology procedures
- Does the department: Perform CT procedures
- Does the department: Perform MRI procedures
- Does the department: Perform Ultrasound procedures
- Does the department: Perform Nuclear Medicine procedures
- Does the department: Perform Emergency procedures

**Nursing Services Series**

01710, **Observation Unit** — the following indicators have been added to the following Stoplight Reports:

- Hours worked per Equivalent Patient Day – added to Labor Productivity Stoplight Report
- Labor Expense per Equivalent Patient Day – added to Labor Expense Stoplight Report
- Medical Supply Expense per Equivalent Patient Day – added to the Medical Supply Stoplight Report
- Total Expense per Equivalent Patient Day – added to the Total Expense Stoplight Reports.

**Other Clinical Support Service**

04630, **Endoscopy (GI) Laboratory**:
The Characteristic Survey questions “Are 20% of Total Cases from pediatric (under 18) patients” was updated in the reporting module to read “Less than 20% of Total Cases from pediatric patients”.

The formula for Procedures per Room per Day of Operation has been corrected. Originally the formula was: Total Procedures/Procedure Rooms/Days of Operation per Week. It has been corrected to be: Total Procedures/Procedure Rooms/Days of Operation per Week/# Weeks in Period. This correction has been applied to all applicable previous time periods.

**Respiratory and Pulmonary Care Services**

The indicator “In House Transport Paid FTEs” has been obsoleted from the following departments:

- 04110, Respiratory Care
- 04130, Respiratory Care and Pulmonary Diagnostics Combined
- F4100, Respiratory and Pulmonary Care Functional Rollup

**Surgical Services**

The Characteristic Survey questions “Are 20% of Total Cases from orthopedic patients” was updated in the reporting module to read “Less than 20% of Total Cases from orthopedic patients” for the following departments:

- 03001, Surgical Services Combined Without Anesthesia
- 03011, Operating Room
- 03020, Post Anesthesia Care Unit (PACU)
- 03030, Surgery Pre Op and Post Recovery Only
- 03035, Pre Op/PACU/Post-Op Combined
- 03040, Ambulatory Surgery Center
- F3000, Surgical Services Functional Rollup

The Characteristic Survey questions “Are 20% of Total Cases from open heart patients” was updated in the reporting module to read “Less than 20% of Total Cases from open heart patients” for the following departments:

- 03001 Surgical Services Combined Without Anesthesia
- 03011 Operating Room
- 03012 Cardiac Operating Room
The Characteristic Survey questions “Are 20% of Total Cases from pediatric (under 18) patients” was updated in the reporting module to read “Less than 20% of Total Cases from pediatric patients” for the following departments:

- 03001, Surgical Services Combined without Anesthesia
- 03011, Operating Room
- 03012, Cardiac Operating Room
- 03020, Post Anesthesia Care Unit (PACU)
- 03030, Surgery Pre Op and Post Recovery Only
- 03035, Pre Op/PACU/Post-Op Combined
- 03040, Ambulatory Surgery Center
- 03060, Anesthesia
- 04630, Endoscopy (GI) Laboratory
- F3000, Surgical Services Functional Rollup

**Product Updates**

**Character Response Report**

The Character Response Batch Report and Multi Facility Batch Report has been updated to include two new columns:

- Department Instance ID
- Data Element ID

A CSV export option is now available for the Character Response Batch Report for both the single-file and multi-file report formats.

**New Password Requirements**

The new password requirements will be enforced for all users.

The requirements for new passwords include following criteria:

- Minimum of 15 characters
• Contain at least one uppercase alphabetic
• Contain at least one lowercase alphabetic
• Contain at least one numeric
• Contain at least one special character
• It must not contain your ActionOI user ID

PLEASE NOTE:

Existing users will be required to use these requirements upon the next password reset.
1st Quarter 2019

This chapter includes the following sections:

- Content Updates 51
- Product Updates 57
- Other Enhancements 61

Content Updates

The following updates were made to ActionOI this quarter.

Content Enhancements

Dialysis

The definition extension for Conventional Treatments, High Efficiency or High Flux Treatments and Peritoneal Treatments has been changed from “This is a subset of Treatments” to “This is a component of Treatments”. This is a change only to the definition extension. No other functionality has been impacted.

Emergency Services

The data element "Walkouts" has been changed from being a sub-set of Patient Registration to being a stand-alone element in the following departments:

- 02010, Emergency Department
- 02020, Urgent Care Center Hospital Based
- 02021, Urgent Care Center Non Hospital Based

This is a change only to the definition extension. No other functionality has been impacted.

Nursing Services Series

We have modified the element definition for “Total Reported Pressure Ulcers” to reflect the intended count of reported pressure ulcers rather than patients. The modified element definition is:

“Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.”
This change impacts the following departments:

- 00300, Quality Indicators
- All nursing units where this data element exists.

05810, Social Work

The indicator Skill Mix: Social Work Aides and Technicians % was added to department 05810, Social Work.

Content Reporting Enhancements

We have corrected the volume measure for Adjusted Discharges in the Total Expense Stoplight Report & the Labor Expense Stoplight in the following departments (there is no additional work required by the user). This correction was applied to all previous periods where applicable.

Labor Expense AWI Adjusted per Adjusted Discharge

05510  Enterprise Information Services
05520  Voice and Data Network
05530  Call Center / Switchboard
05540  Telecom Switchboard Combined
05550  Informatics
05560  Help Desk and Desktop Support
F5500  Information Technology and Telecommunications Functional Rollup
03350  Laboratory Services: Clinical Operations and Blood Bank Combined
03370  Laboratory Services: Clinical Operations Combined
03371  Laboratory Services: Clinical Operations Core Lab Only
03372  Laboratory Services: Clinical Operations - Specialty Labs Only
03380  Laboratory Services: Anatomic Pathology
03390  Laboratory Services: Blood Bank
F3300  Laboratory Services Functional Rollup
05110  Patient Food Services
05111  Clinical Nutrition Services
05112  Patient and Nonpatient Food Services
F5100  Food and Nutrition Services Functional Rollup
05210  Environmental Services and Linen Distribution
05211  Environmental Services
05220  Laundry and Linen In-house Reprocessing
05640  Health Information Management with Medical Transcription
05641  Health Information Management without Transcription
05642  Medical Transcription
05645  Disease Registries
05810  Social Work
05820  Utilization Management
05825  Quality Management
05830  Case Management / Utilization Management
05840  Case Management
05850  Clinical Resource Management
05860  Case Management / Social Work
05910  Security
06110  Combined Marketing, Communications, Strategic Planning and Public/Comm Relations
06120  Marketing
06130  Internal Communications
06140  Public Relations
06150  Community Relations

06160  Strategic Planning and Business Development

F6100  Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup

06210  Clinical Staff Education

06215  Medical Staff Education

06220  Non-clinical Staff Education

06230  Staff Education Combined

06235  Organizational Development

06240  Learning Technologies

06250  Patient and Family Education

06260  Community Education and Outreach Services

F6200  Educational Services Functional Rollup

**Total Expense AWI Adjusted per Adjusted Discharge**

05810  Social Work

05820  Utilization Management

05825  Quality Management

05830  Case Management / Utilization Management

05840  Case Management

05850  Clinical Resource Management

05860  Case Management / Social Work

06210  Clinical Staff Education

06215  Medical Staff Education

06220  Non-clinical Staff Education
06230  Staff Education Combined
06235  Organizational Development
06240  Learning Technologies
06250  Patient and Family Education
06260  Community Education and Outreach Services
F6200  Educational Services Functional Rollup
05210  Environmental Services and Linen Distribution
05211  Environmental Services
05220  Laundry and Linen In-house Reprocessing
05110  Patient Food Services
05111  Clinical Nutrition Services
05112  Patient and Nonpatient Food Services
F5100  Food and Nutrition Services Functional Rollup
F6000  Human Resource Services Functional Rollup
05530  Call Center / Switchboard
05540  Telecom Switchboard Combined
05550  Informatics
05560  Help Desk and Desktop Support
F5500  Information Technology and Telecommunications Functional Rollup
03350  Laboratory Services: Clinical Operations and Blood Bank Combined
03370  Laboratory Services: Clinical Operations Combined
03371  Laboratory Services: Clinical Operations Core Lab Only
03372  Laboratory Services: Clinical Operations - Specialty Labs Only
The previous calculation was utilizing “Adjusted Discharges Supported” as the volume measure.

Requests for Enhancements

The following updates to the ActionOI content set were made this release based on requests from users like you that utilized tools including but not limited to: Feedback, NPS surveys, and or product support portal.

Labor and Delivery Departments

The data element “Visits” has been made mandatory in the following departments:

- 01270, Labor/Delivery/Recovery/Postpartum/Nursery
- 01271, Labor/Delivery/Recovery/Postpartum Unit
Prior Releases

• 01285 Labor/Delivery with Recovery

A characteristic survey question was added to these departments to assist in identifying Labor and Delivery departments that support or operate as an Obstetrical Emergency Department (OBED):

• Does the department: Support the function of or operate as an Obstetrical Emergency Department (OBED)?

Annual Worksheet Updates

We have completed the 2019 annual updates to the following worksheets and they are now available on the Support Tab:

• APC and Work RVU Worksheet
• Cardiology and Vascular Procedure Subset
• Imaging Services Procedure Subset
• Infusion Therapy Procedure Subset
• Laboratory Services Billed Test Subset Worksheet
• Radiation Therapy Procedure Subset

The ActionOI Intensity Score Workbook for Supply and Pharmacy was made available with the December 2018 release. Please be sure to download this latest version to accurately report the intensity scores for your organization which reflect updated weights for discharges on or after October 1st, 2018.

Product Updates

Key Volume Element Subset Population

We have automated the population for specific data elements that were previously manually entered once the external subset worksheets were completed.

This feature uses the data loaded in the key volume element population file to populate specific data elements based on: department mapping, cost center, and CPT code relationships for the below department series.

Cardiology and Vascular Services Series

04220, Combined Noninvasive Cardiology and Vascular Services

• Echocardiography Procedures
• Stress Test Procedures
• Electrocardiogram Procedures
• Holter Monitoring Procedures
• Nuclear Cardiology Imaging Procedures
• Vascular Procedures

04222, Electrocardiography

• Stress Test Procedures
• Holter Monitoring Procedures

04224, Echocardiography

• Stress Test Procedures
• Nuclear Cardiology Imaging Procedures
• Vascular Procedures

04230, Combined Invasive Cardiology and Vascular Services

• Percutaneous Coronary Intervention (PCI) Procedures
• Electrophysiology Procedures
• Ablation Procedures
• Electrophysiology Studies
• Permanent Pacemaker Procedures
• ICD Implant Procedures
• Biventricular Device Procedures
• Peripheral Vascular Procedures including Carotid Work
• Revascularization Procedures
• Interventional Radiology Procedures

04232, Invasive Cardiology and Vascular Laboratory with Electrophysiology

• Percutaneous Coronary Intervention (PCI) Procedures
• Peripheral Vascular Procedures including Carotid Work
• Revascularization Procedures
• Interventional Radiology Procedures

04250, Electrophysiology Laboratory

• Ablation Procedures
• Electrophysiology Studies
• Permanent Pacemaker Procedures
• ICD Implant Procedures
• Biventricular Device Procedures

Imaging Services Series

03410, Diagnostic Radiology Including Interventional Procedures

• Mammography Procedures
• Contrast Procedures

03411, Diagnostic Radiology Without Interventional Procedures

• Mammography Procedures
• Contrast Procedures

03412, Interventional Radiology

• Surgical Procedures

03420, Computerized Tomography

• Contrast Procedures
• Guided Procedures
• Surgical Procedures

03430, Magnetic Resonance Imaging

• Contrast Procedures
• Guided Procedures
  03450, Ultrasound

• Echocardiography Procedures
  03460, Nuclear Medicine

• Cardiovascular Procedures
• PET Procedures
• SPECT Procedures
  03470, Outpatient Imaging

• Mammography Procedures

Other Clinical Support Services Series
  04640, Hematology Oncology Infusion Therapy
  04642, Pediatric Hematology Oncology Infusion
  04640, Hematology Oncology Infusion Therapy
  04644, Hematology Infusion Therapy

• Infusions

Radiation Therapy Services Series
  04010, Radiation Therapy (Oncology)

• Treatments
• Inpatient Treatments
• Brachytherapy Treatments
• Medical Radiation Physics Plans & Simulations
  04020, Radiation Therapy (Gamma)

• Treatments
• Inpatient Treatments
• Medical Radiation Physics Plans

04030, Radiation Therapy (Proton)

• Treatments

• Inpatient Treatments

• Medical Radiation Physics Plans

**Key Volume Element Subset Report**

This report will provide a list of Standard Departments with values populated for specific data elements within the selected department and will provide details of the data contributing to these values. The data element totals are listed at the top of each standard department's report.

These totals reflect the information provided in the Key Volume Element Population upload file based on the cost center and CPT codes combination.

**Other Enhancements**

**Department Reference Manual**

• Removed obsoleted department 02217, Autism Clinic and 02250, Hand and Upper Extremity Clinics.

• Removed references to Worksheet Updates – these updates will be communicated via Release Notes and PC Communique.
4th Quarter 2018

This chapter includes the following sections:

• Content Updates  62
• Request for Enhancements  62
• Product Updates  63

Content Updates

Content Enhancements

Respiratory and Pulmonary Care Services Series

A comprehensive content review of the Respiratory and Pulmonary Care Services Series was conducted, and content changes have been implemented with this release.

Key highlights of the content updates can be found within the content information packet which has been posted to the ActionOI Documentation forum of the Advantage Community.

Offering Management will lead a training event to discuss these changes in detail. Be sure to register and attend this event scheduled for January 10th, 2019 to learn more and ask questions. We hope you will join us and encourage Respiratory and Pulmonary Care leaders to attend this session to hear about the upcoming changes to the content within the tool.

Registration for this event is available here. The session will be recorded and posted to the Advantage Community.

Request for Enhancements

The following updates to the ActionOI content set were made this release based on requests from users like you that utilized tools including but not limited to: Feedback, NPS surveys, and or product support portal.

Ambulatory Care Series

02298, Wound Care

We added two characteristic survey questions to this department.
Does the department:

- Operate a Multiplace Hyperbaric Chamber?
- Operate a Monoplace Hyperbaric Chamber?

**Nursing Services Series**

Updated these mandatory data elements to be available for upload within the department:

**01911, Nurse Staffing Office**

- Paid Hours: Nursing Division Non Payroll
- Paid Hours: Nursing Division Payroll

**Information Technology**

We have corrected the volume measure for the Total Expense Stoplight Report for the following indicator within the tool for these departments, there is no additional work required by the user.

- **05510 - Enterprise Information Services**
- **05520 - Voice and Data Network**
- **05540 - Telecom Switchboard Combined**
- **05550 - Informatics**
- **05560 - Help Desk and Desktop Support**
- **F5500 - Information Technology and Telecommunications Functional Rollup**

Indicators:

- Total Expense AWI Adj per Adjusted Discharge

**Product Updates**

**Multi Facility Batch Reports**

**Administration – Multi Facility Batch Reports**

Multi Facility Batch Reports within the data collection module can be generated for all facilities, or individual selection of facilities within a customer.

Multi file and single file output options of csv and pdf are available.
Multi Facility Batch Reports:

- Department Mapping
- Element Mapping
- Numeric Entry Report
- Normalization Definition Report
- Key Volume Element Population

Other Enhancements

Department Reference Manual

- Removed the reference to the obsoleted department 02245 – Gynecology Clinic.
- Updated the Cases Managed for Physician Practice and Clinics element definition to match the definition on the numeric entry screen of the tool for department 05830, Case Management / Utilization Management.
3rd Quarter 2018

The following updates to ActionOI content were made this quarter.

This chapter includes the following sections:

- Content Updates  65
- Request for Enhancements  66
- Product Updates  68

Content Updates

The following updates to ActionOI content were made this quarter.

Content Enhancements

We added characteristic survey questions to support benchmarking departments within organizations that do not have traditional worked hours, paid hours or labor expense captured via payroll; Hence, the departments incur all expenses as direct expenses.

All ActionOI standard departments will include these characteristic questions: How does the department report labor expense?

- Is 100% of the labor expense for this department reported in Other Direct Operating Expense (no payroll hours reported)?
- Is more than 75% of the labor expense for this department reported in Other Direct Operating Expense?
- Is 50-75% of the labor expense for this department reported in Other Direct Operating Expense?
- Is 25-49% of the labor expense for this department reported in Other Direct Operating Expense?
- Is less than 25% of the labor expense for this department reported in Other Direct Operating Expense?
- Is the management labor expense for this department reported in Other Direct Operating Expense (no payroll hours reported)?
All ActionOI functional and intermediate rollup departments will include this characteristic question: How does the series report labor expense?

- Is 100% of the labor expense for any of the departments utilized within the series reported in Other Direct Operating Expense (no payroll hours reported)?

**Request for Enhancements**

The following updates to the ActionOI content set were made this release based on requests from users like you that utilized tools including but not limited to: Feedback, NPS surveys, and or product support portal.

**Education Services Series**

The following departments have had these element definitions updated (noted in bold text).

06210 Clinical Staff Education  
06215 Medical Staff Education  
06220 Non-clinical Staff Education  
06230 Staff Education Combined  
06235 Organizational Development  
06240 Learning Technologies  
06250 Patient and Family Education  
F6200 Educational Services Functional Rollup  
G6200 Other Educational Services

**Total Course Offerings**

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

**Computer-based Training Offerings**
Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session. This is a component of Total Course Offerings.

Please Note: the change to “component” indicates that these elements are no longer “children” of the primary element. Please be sure to address this as necessary when mapping volumes.

**Total Course Completions**

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

**Computer-based Training Completions**

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks). This is a component of Total Course Completions.

Please Note: the change to “component” indicates that these elements are no longer “children” of the primary element. Please be sure to address this as necessary when mapping volumes.

**Pharmacy Services Series**

The following departments have had this indicator corrected and recalculated within the tool, there is no additional work required by the user.

04410, Pharmacy Services: Inpatient & Outpatient

04430, Pharmacy Services: Inpatient Only

04440, Pharmacy Services: Outpatient Only

I4400, Pharmacy Patient Services Rollup

Indicators:

- Labor Expense AWI Adjusted per Order Processed

**Nursing Services Series**

Updated this mandatory data element to be available for upload within the department:

01910, Nursing Administration
Hours Paid: Nursing Division:

Total hours paid to staff (both payroll and non-payroll/registry) working within the nursing division for the reporting period. This value should only include staff in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Administration supports departments outside of the inpatient nursing series (i.e. Operating Room or Emergency Room), do not count those hours paid in this element.

General Facility

We have corrected and recalculated the following indicators within the tool, there is no additional work required by the user.

00100, General Facility Level

Indicators:

- Drug Expense per SIS Adjusted Discharge
- Medical Supply (Excl Drug) per SIS Adjusted Discharge
- Medical Supply per SIS Adjusted Discharge
- Non Medical Supply per SIS Adjusted Discharge
- Organ Procurement per SIS Adjusted Discharges
- Total Supply (Excl Drug) per SIS Adjusted Discharge
- Total Supply per SIS Adjusted Discharge
- Drug Expense per SIS Adjusted Patient Day
- Medical Supply (Excl Drug) per SIS Adjusted Patient Day
- Medical Supply per SIS Adjusted Patient Day
- Non Medical Supply per SIS Adjusted Patient Day
- Organ Procurement per SIS Adjusted Patient Day
- Total Supply (Excl Drug) per SIS Adjusted Patient Day
- Total Supply per SIS Adjusted Patient Day

Product Updates
Export GL/PR Linking

Normalization - Link PR-GL Accounts

The ability to export the detail of the GL/PR Linking is available on the GL/PR Linking screen as well as a batch format.

Multi Facility Batch Reports

Administration – Batch Reports

Data Collection Batch Reports can be generated for all facilities, or individual selection of facilities within a customer.

Multi file and single file output options of csv and pdf are available.

Multi Facility Batch Reports:

- Numeric Response
- Numeric Indicator
- Character Response
- Normalized Response
- Normalized Indicator

Other Enhancements

Reporting Users Guide

The Index in the reporting users guide within ActionOI has been updated to reference the correct page numbers.
Chapter 4. Guiding Principles

The Guiding Principles section of the DRM provides global definitions and clarifications for ActionOI data submission and reporting, including information on a variety of tasks and program-wide methodologies.

This chapter includes the following sections:

- Accounting Standards 71
- Characteristic Surveys 73
- Charge Backs and the Impact on Supply Expense 73
- Customary Departments 73
- Department Instance Rules 74
- Depreciation Expense, Interest Expense, and Provision for Bad Debts Expense 75
- Functional Rollup Departments 75
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- GFAC: Total Gross Inpatient and Total Gross Outpatient Revenue Reporting Methodology 84
- Hospital-Specific Intensity Scores for Supplies, Pharmaceuticals and Blood 84
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- System Reporting -- The S Entity Type 96
- Adjusted Discharges Supported 97
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- Using the All Indicator and All Element Lists 99
Accounting Standards

There are two main accounting standards boards that define the accounting standards that are followed by hospitals. The standards boards are:

- Financial Accounting Standards Board (FASB)
  - Not-for-profit hospitals are subject to FASB Statement # 117, Financial Statements of Not-for-profit (NFP) Organizations; NFP hospitals report a Statement of Operations rather than a Statement of Revenue and Expense.
  - For-profit entities are not subject to this statement

- Government Accounting Standards Board (GASB)

Generally Accepted Accounting Principles (GAAP) have been defined by both of these entities, and in some cases the standards differ for certain types of revenues and expenses.

A critical tenet of ActionOI is consistent reporting. The standard to be used when reporting data to ActionOI is FASB Statement # 117. As most hospitals are non-profit entities and are subject to FASB Statement # 117, use of this standard in ActionOI most closely conforms to the standards already in use for the majority of participating facilities. Data that is reported in ActionOI must follow FASB Statement #117 standards regardless of the methodology in place at your individual organization.

Following is additional information on the main differences between the different accounting standards, as well as specific identification of the correct methodology to use when reporting data in ActionOI.

- **Provision for Bad Debts**
  - FASB — (Non Profit and For Profit Entities) Report the provision for bad debts related to patient service revenue as a deduction from revenue, and bad debt unrelated to patient service revenue as an operating expense.
  - GASB — Provision for bad debt is reported a deduction from revenue.
  - ActionOI — follow FASB rules and report the provision for bad debts related to patient service revenue as a deduction from revenue, and bad debt unrelated to patient service revenue as an operating expense.

Note: While charity care can be difficult to distinguish from bad debt, it's an important distinction. Charity care for both FASB and GASB are to be reported as a deduction from patient revenue.
• **Interest Expense**
  - FASB (Non Profit entities) — Interest expense is reported as an operating expense on a Statement of Operations
  - FASB (For Profit entities) — Interest expense is reported as a non-operating expense on an Statement of Revenue and Expense
  - GASB — Interest expense is reported as a non-operating expense
  - ActionOI — follow FASB for non profit entities and report interest expense as an operating expense.

• **Taxes**
  - FASB (Non Profit entities) — Taxes are reported as an operating expense
  - FASB (For Profit entities) — Taxes are reported as a non-operating expense
  - GASB — Government entities are not subject to taxes and as a result there is no treatment required.
  - ActionOI — follow FASB for non profit entities and report taxes as an operating expense.

**Note:** As government entities are not subject to taxes, there is nothing to be entered as an expense. Report tax revenues to match expenses, e.g. appropriations for patient care as operating income, but tax revenue allocated to capital expenses (e.g. general obligation bond) as non-operating revenue.

As you can see from these differences, the different accounting treatments will produce different operating statistics, i.e. Operating Margin, Net Days in Patient Accounts Receivable, Total Expense indicators. As a result, we want to reiterate that when data is reported to ActionOI, it is to be reported based on the FASB rules for non-profit entities, specifically Statement # 117.

If you report your financial statements subject to another standard and wish to see ActionOI data in accordance with that standard, we recommend that you use the Client Defined Indicator feature in the Reporting Module to build the formula.
**Characteristic Surveys**

A characteristic survey is a series of questions that focus on how facilities and departments operate, such as teaching status, census division, and geographic location. Characteristics are used to group your department with similarly organized departments from other facilities and to help identify operational differences.

When completing a characteristic survey, you must enter a **Yes** or **No** response to each question. The answers you provide define how the department operates and are the basis for creating groups of facilities used for comparison. These groups are called compare groups. Compare groups are used during the analysis phase to evaluate organizational performance compared to other similar organizations. "Not Applicable" is not an option as an answer to a characteristic survey question. If you feel the question is not applicable, please answer **No**.

You can download all of the available Sample Characteristic Survey Question Definition Documents from the ActionOI Support page.

**Charge Backs and the Impact on Supply Expense**

Charge backs typically occur when a supply item is ordered by a department and is later returned. At the time of the original order, the department is charged for the supply item, and at the time of the return that charge is reversed and the supply expense for the department reduced. The reduction in supply expense related to the charge back must follow the original supply expense in ActionOI. This is to occur in both the actual and normalized views of the data.

**Example**: The Med/Surg unit orders a drug to be held as floor stock. The Med/Surg department is charged for the expense, and their supply expense increases. At some point, the unit determines they do not need the drug in floor stock and returns it to the Pharmacy. The return results in a reduction to Supply Expense.

In the actual view of ActionOI data, the original supply expense and following reduction would be reflected in the Med/Surg unit. In the normalized view, the supply expense and related reduction would be reflected in the Pharmacy.

**Customary Departments**

Customary departments are ActionOI departments that should be present in every facility's normalized data view. Customary departments include:

- 02099, Emergency Services Administration
Guiding Principles

- 02299, Ambulatory Services Administration
- 03099, Surgical Services Administration
- 03399, Laboratory Services Administration
- 03499, Imaging Services Administration
- 04199, Respiratory and Pulmonary Care Administration and Support
- 04299, Cardiology and Vascular Administration and Support Services
- 04490, Pharmacy Administration and Support
- 04899, Rehabilitation Services Administration
- 05099, Facilities Administration
- 05399, Supply Chain Administration and Support
- 05608, Centralized Scheduling
- 05925, Patient Escort (Transport) Service

If the cost center structure at your facility does not enable you to map one or more cost centers to these departments, create a Normalized Only department, and then normalize the relevant expenses and labor hours associated with these functions from their home cost center/department to the Normalized Only department. Please see the Data Collection User's Guide for steps to create a Normalized Only department.

Participants reporting at the system level are exempt from this guideline.

Department Instance Rules

There are over 260 ActionOI standard departments, and for mapping purposes, facilities can create multiple instances of an ActionOI standard department. That is, if your facility has more than one cost center that could be mapped to the same ActionOI standard department, ER East and ER West for example, it is possible to create separate instances of the ActionOI standard department, and map each cost center separately as primary departments.

In the interest of data integrity however, some ActionOI standard departments should not have multiple primary instances. These departments have indicator measures which use volume data from the General Facility department. If multiple primary instances of these departments are created, the values of the indicator measures would calculate incorrectly and the aggregate benchmarks would be misleading.
The general "rule of thumb" is that multiple primary instances of ActionOI standard departments are not allowed, except where explicitly stated as allowed. Inpatient Nursing, Ambulatory Care Clinics, and Physician Practices are examples of ActionOI standard departments that are exceptions to the rule and multiple primary instances are allowed.

The rule regarding a single primary instance is also waived for cases where a facility has a second ancillary department that is solely serving outpatients. A second primary instance of the ancillary is allowed when the patient population is entirely outpatient.

A secondary department mapping provides an internal-only view of the department and enables facilities to produce reports for departments that had to be aggregated together in the primary department instance in order to meet the data integrity requirements. Take advantage of secondary department mapping in order to benchmark departments separately. Multiple department instance rules do not apply to secondary-mapped departments.

For a complete list of the ActionOI standard departments that should have only one primary instance, please see the ActionOI Department List Excel file available in the Content Documentation Hospital Zip folder under Content Documentation on the Support Page in ActionOI.

Depreciation Expense, Interest Expense, and Provision for Bad Debts Expense

If these expenses are included in the general ledger at the part of a department-level cost center, map these expense accounts to Not Mappable in ActionOI.

Functional Rollup Departments

A functional rollup department is a combination of multiple departments performing similar tasks, such as the Fiscal Services Functional Rollup department. The functional rollup is automatically generated when a department instance is created within the series.

Gap and Opportunity Calculations Frequently Asked Questions

ActionOI clients often have questions about gap and opportunity calculations; these questions typically fall into the following general areas. Although these questions are related, we will address them separately here.

- What are gap and opportunity gap and how are they different?
• How are gap and opportunity calculated?

• How is area wage index applied in the opportunity calculation?

• How does trimming impact gap and opportunity calculations?

• Is gap and opportunity calculated on all indicators in ActionOI?

What are gap and opportunity gap and how are they different?

Gap

Gap (or Gap Percent %) is the difference between your facility and the benchmark; more specifically, it is the percent difference between the host value for a reported indicator and the selected compare group percentile.

Gap Percent (%) is shown on most ActionOI reports, and clients typically refer to this value.

Opportunity Gap

Opportunity Gap (or Opportunity Gap %) is the difference between the host value for the indicator used in an opportunity calculation and the selected compare group percentile. Opportunity Gap Percent appears only on the Opportunity Batch report and calculates the opportunity in either dollars or hours. The calculation for Opportunity is based on the Opportunity Gap Percent and translates the difference into the dollars or hours that could be "saved" should the facility bring their indicator value in line with the performance of the compare group.

Values calculated for Opportunity Gap Percent are not necessarily the same as the Gap Percent column shown on reports like the Custom Comparison Report. Calculations for area wage index adjusted indicators with trimming applied, typically results in differences in values calculated for Gap Percent and Opportunity Gap Percent. This is due to the potential of different facilities being trimmed based upon the adjusted and unadjusted indicators.

For more information, please refer to the section below on how trimming is applied to the calculation.

How are gap and opportunity calculated?

Specific calculation steps are detailed below.

1. The calculation for Opportunity Gap % is based on the host value used and the compare group percentile selected. For example, using the 50th percentile of the compare group, Opportunity Gap is calculated by taking the difference between host value used and the 50th percentile divided by host value used. The specific formula is shown below.

2. Opportunity is calculated by multiplying Opportunity Gap % by the expense amount for the indicator in question. For example, if you're looking at the Supply Expense per Patient Day, the calculation is the Opportunity Base (Supply Expense) x Opportunity Gap %.
To further understand the details of these calculations, see the Opportunity Batch Report, figure 1, below. The columns of the report provide all information needed to walk through the calculation. Table 1 below explains each column on the Opportunity Batch report.

<table>
<thead>
<tr>
<th>Calculation Variable</th>
<th>Variable Name used in Opportunity Batch Report</th>
<th>Description of Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Host Value</td>
<td>This is the host's indicator value.</td>
</tr>
<tr>
<td>B</td>
<td>Host Value Used</td>
<td>Where applicable, the host value used is the host's indicator with area wage index factors applied. Currently, this adjustment is applied to Labor Expense and Total Expense indicators. For all other indicators, the host value and the host value used will be identical.</td>
</tr>
<tr>
<td>C</td>
<td>Inpatient Volume</td>
<td>This is the department's inpatient volume. The value is used in conjunction with total volume (see column D) to adjust the calculated opportunity for service utilization indicators where the indicator relates only to inpatients in a department when both inpatients and outpatients exist. The opportunity is adjusted by the ratio of inpatient volume to total volume.</td>
</tr>
</tbody>
</table>
### Calculation Variable | Variable Name used in Opportunity Batch Report | Description of Variable
---|---|---
D | Total Volume | This is the department’s total volume. The value is used in conjunction with inpatient volume (see column C) to adjust the calculated opportunity for certain service utilization indicators where the indicator relates only to inpatients in a department when both inpatients and outpatients exist. The opportunity is adjusted by the ratio of inpatient volume to total volume.
E | Opportunity Base | This is the major expense factor within the indicator that is identified in content as the base of the opportunity calculation. For example, the opportunity base for Supply Expense per Patient Day is Supply Expense. The Opportunity Base can also be thought of as the concrete expense or measure in the department that would improve as a result of closing the gap between the department’s value of an indicator and the compare group’s.
F | Percentile | This is the compare group’s indicator value at the appropriate percentile. ActionOI evaluates each compare group member at its adjusted value to calculate the percentile value. \([X]th \text{ / } [Y]th\) identifies the percentile better than the median. ActionOI uses the value (Z) as follows:
\[
X = (\text{Median} - Z) \\
Y = (\text{Median} + Z)
\]
G | Opportunity Gap % | This value shows the difference between the facility and the rest of the compare group, as a percentage. Remember that Opportunity Gap % is not the same as Gap % shown on reports such as the Custom Comparison Report.
H | Opportunity Dollars (or Opportunity Hours) | This is the main opportunity calculation value for this version of the report.  
**Note:** For a report on hours opportunity, this column heading is Opportunity Hours.

Using the column references above, the opportunity calculations are as follows:

a.) Calculate opportunity gap %

\[
G = \frac{(B - F)}{B}
\]
b.) Apply opportunity gap % to the expense amount or opportunity base

\[ H = G \times E \]

How is area wage index applied in the opportunity calculation?

For area wage index adjusted indicators, Opportunity Gap % is calculated on the adjusted indicator. The resulting Opportunity Gap % is then applied to the unadjusted expense base for opportunity calculations. This is done to "level the playing field" when comparing a facility's performance against compare group performance.

By using the area wage index adjusted indicator, the calculation takes into account all wage rate differences due to regional salary levels. Note that this adjustment accounts for the differences between Host Value (column A) and Host Value Used (column B) on the Opportunity Batch report.

Applying the Opportunity Gap % calculated on the adjusted indicator to the unadjusted indicator results in the opportunity amount being shown in dollars that are "real", or unadjusted. The unadjusted expense value is reflected in the Opportunity Base (column E).

How does trimming impact gap and opportunity calculations?

For non-wage index adjusted indicators, trimming does not change the underlying process of the opportunity calculation as the host value is always the same as the host value used, specifically indicators with area wage index applied. Trimming simply changes the value of the compare group percentile by removing outlier facilities from the group prior to any calculations.

Trimming, however, does change the underlying calculation for indicators that have a different value for host value and host value used. The difference is this; trimming is first applied to the unadjusted indicator and then applied to the AWI adjusted indicator, which is used during the gap calculation.

The following steps walk you through how opportunity is calculated when trimming is applied to an area wage index adjusted indicator:

1. Determine who should be trimmed based on the unadjusted indicator.
2. For the opportunity gap % calculation, trimming is evaluated against the unadjusted indicator and then applied to the adjusted indicator. Specifically, the facilities trimmed based upon the unadjusted indicator are pulled out of the adjusted indicator compare group which is where the opportunity gap percent calculation occurs.
3. Calculate opportunity gap % based upon adjusted indicator with trimming applied.
4. Calculate opportunity by multiplying the opportunity gap percent by the opportunity base.

The following detailed use case walks through an example.

John Smith, Program Coordinator at TR Medical Center, is reviewing the opportunity showing for the CT Department with Sally Johnson, the department manager. Sally takes the ActionOI benchmarking data very seriously and uses it as a tool in making her department more efficient. As a result, she is invested in the results and wants to better understand the source of her department's labor opportunity.
While reviewing her Custom Comparison Report (see Figure 2 below) from the 1st Quarter of 2006, she noticed that the number she calculates as the opportunity is different than what is being shown on the comparison report. Her calculation takes the Gap % shown on the report and multiplies it by the labor expense shown on the report. This calculation results in an opportunity of $32,144 (12.5 % x 257,155.09) however the opportunity shown on the report is $27,564. To better understand the calculation, Sally sets up time with John, her program coordinator.

The relevant section of a Custom Comparison report is shown below. The example report was run using trimming at 2 STD (Standard Deviations); ActionOI currently defaults to 3 IQR for trimming but trim points of 1, 2, and 3 STDs are available in the application.

Using the steps detailed above, John walks through the calculation with Sally.

**Step One**

Determine who should be trimmed based on the unadjusted indicator (Exp/100 Procedures: Labor).

Using the data generated in the Facility Trend report (Note that any facility specific report such as the Side by Side, Position in Compare Group report can be used), John uses Microsoft Excel to identify which facility was excluded from the calculations based upon 2 STD trimming.

John calculates the 25th percentile values for both the adjusted and unadjusted indicators so Sally can trace the values shown on the Custom Comparison Report, see figure 3 below.
The Gap % shown on the Custom Comparison Report (Figure 2 above) applies trimming directly to the adjusted indicator and therefore Facility 9 is trimmed out of the compare group.

It's important to note that when trimming is independently evaluated for each of the measures, different facilities may be identified as outliers. In this case, Facility 9 is trimmed from the adjusted indicator set (and therefore the Gap % calculation), whereas the unadjusted indicator value for the same facility would not be trimmed from the compare group.

**Step Two**

For the Opportunity Gap % calculation, trimming is evaluated against the unadjusted indicator and then applied to the adjusted indicator. Specifically, facilities that are trimmed based upon the unadjusted indicator are pulled out of the adjusted indicator population, which is where the opportunity gap percent calculation occurs.

For John’s example, this means there are no facilities trimmed from the compare group when calculating the opportunity gap percent, and specifically, Facility 9 remains in the opportunity gap percent calculation.
Using the 25% percentile value calculated above, John continues on and calculates Opportunity Gap %.

John points out to Sally that the Opportunity Gap % is not the same value as the Gap % and that Opportunity Gap % is used in the remaining steps of the opportunity calculation. The difference is due to how trimming is applied based upon the adjusted indicator. It is, however, the same Opportunity Gap % that is reflected on the Opportunity Batch report, which John explains is the source of the calculated opportunity dollars.
Step Three

Calculate opportunity by multiplying the Opportunity Gap Percent by the opportunity base, see Figure 7 below. **Note:** As shown on the Opportunity Batch report (see Figure 6 above), the opportunity base is the unadjusted labor expense.

With John walking her through the calculation, Sally now understands the details of how the labor opportunity is calculated. With her new understanding, she’s ready to go back to her department and begin brainstorming process improvement ideas with her team so that they can realize the opportunity dollars shown on the report.

Are gap and opportunity calculated on all indicators in ActionOI?

No, the applications of gap and opportunity calculations to indicators in ActionOI are defined by IBM. The business rules applied indicate that all indicators where gap and opportunity are mathematically possible and logical, should have these calculations applied (except as noted with area wage index adjusted indicators).

It's important to note that currently there exists a shortcoming in the application of this business rule, in that there will be a number of indicators where it is possible and logical to calculate gap and opportunity but the calculation is not applied. As department series are enhanced, opportunity calculations are part of the process — the broader application of the business rule shall be rolled out as these general enhancements are made.
GFAC: Total Gross Inpatient and Total Gross Outpatient Revenue Reporting Methodology

The proper methodology for reporting revenues on the General Facility Department, specifically classification methods to be used in reporting revenues as either Total Gross Inpatient or Total Gross Outpatient, is based upon the reporting requirements for the Medicare cost report. Specifically, the classification of revenue based upon how the patient originates in the hospital setting between inpatient and outpatient revenue categories must follow the requirements of the Medicare cost report.

Example: If a patient was first seen in an observation unit and then was admitted and became an inpatient, revenue would be reported entirely as inpatient revenue. Although the patient originates as an outpatient, once the patient is admitted the revenue related to the entire episode of care is classified as Inpatient Revenue.

Hospital-Specific Intensity Scores for Supplies, Pharmaceuticals and Blood

A white paper on IBM Hospital-Specific Intensity Scores for Supplies, Pharmaceuticals and Blood is available on the ActionOI Support Page. Here is the Overview section from that paper.

The important rationale for the methodology described here is the fact that extreme variability is known to exist across hospitals in the use of many clinical services, including pharmacy and supply, based on cost estimates at the revenue center level. While some hospitals are quite aggressive in service intensity for certain clinical services, such as pharmaceutical services, other hospitals are more conservative in prescribing drugs to patients – even though the types of patients they are treating may be similar on case-mix and severity as indicated by the CMS Medicare Severity Diagnosis-Related Group (MS-DRG).

By measuring the variation in the intensity of use of pharmaceutical services and supplies for a large representative sample of acute-care hospitals in the U.S., we are able to assign each hospital a quantitative case-mix and severity-adjusted Intensity Score (IS). This score can be used to make valid comparisons across hospitals on the selected clinical services, such as pharmacy, organ procurement costs, and other supplies. Since these scores are derived for each hospital at the MS-DRG level, the measure can reflect hospital-specific expected intensity based on relatively homogeneous patient populations in terms of case-mix and patient acuity or severity. The intensity score is similar to the CMS Case-Mix Index (CMI) in the sense that the CMI looks at patient distribution across MS-DRG to produce an estimate of how a given hospital compares with other hospitals in terms of costs based on the case-mix of a patient population. The IS can also be used by hospitals to compare their average cost per case for pharmacy or supplies with a stable national norm or selected benchmarks.
Key Definitions

**Workload Volumes** ActionOI uses Workload Volumes to classify the type of work and estimate the amount of work your department performs. These are used in the calculation of workload/service intensity, labor productivity indicators, and in almost all of the indicator calculations including supply and other cost indicators.

**Department Hour Elements** Department Hour Elements are the hours worked and paid to personnel who work in or for your department. Some Department Hour Elements are standard—shared by most departments, and some are unique to your department. These include the skill mix and are used in the calculation of worked hours indicators.

**Expense Elements** These are the standard expenses incurred by your department. Some Expense Elements are standard—shared by most departments, and some are unique to your department. These are used in the calculation of cost ratio indicators.

**Mandatory Elements** These are the elements whether department hours, expenses, or workload that are considered as the mandatory data that must be submitted to ActionOI in order for your department’s workload and costs to be accurately represented in the ActionOI database. If these elements are not present, the key indicators will not calculate and the system will report an audit error.

Management Skill Mix Guidelines

One of the challenges associated with mapping management staff in ActionOI is the wide variety of titles used to identify the same function. This section provides guidance for correctly mapping these functions to the management skill mix element within the General Ledger/Payroll mapping feature of the tool, regardless of one’s title within the organization.

To utilize this skill mix mapping feature, the following job functions should represent the majority (greater than 50 percent) of the functions performed by the job code:

- Overall operations of multiple divisions within the organization
- Overall operations of business interests for the organization
- Ensuring all employees stay on task
- Give direction of the services provided by the departments within the series
- Directing the growth and profitability of a department(s) through innovation
- Creating the annual budgets
- Holding employees responsible for meeting productivity
• Hiring, firing, rewarding, and counseling
• Perform annual performance reviews
• Ensuring processes are executed in accordance with established policies
• Support a team of workers within the department
• Ensure department case load is achieved
• Ensure scheduled staff are on time
• Resolve issues with internal employees
• Resolve issues with patient, family members, and other third parties

Every organization has a different organizational structure and therefore differing levels of management. Within ActionOI, the focus is not necessarily looking at delineating these levels but understanding that every department needs to be managed in some capacity. Therefore, it is important to understand this guidance and select the skill mix that best represents the functions of the job code.

**Normalizations**

Departmental structures vary across facilities. ActionOI provides users with two views of their data:

• **Actual**—provides a view of department data as it operates within the parameters of the ActionOI departmental definition.

• **Normalized**—standardizes the department data based on normalizations of specific functional comparisons. Normalizations are applied after the data is mapped through the inclusion and exclusion of hours and costs associated with the functions listed for each department.

Normalizations are the basis of the functional comparisons in ActionOI. They are the allocations applied to your organization’s data in order to follow reporting guidelines. Normalizations enable apples-to-apples comparisons among dissimilar facilities.

In order to report data according to ActionOI guidelines, expense accounts, payroll data, and statistics may need to be allocated from your organization’s cost centers into departments. The normalization task tables in the following section provide information about the tasks to include when reporting data for each area. As these normalizations are made consistently across all ActionOI hospitals, departmental data that would not otherwise be comparable is now ready for effective comparisons.
Administration and Support Departments

Within many department series of ActionOI there are standard departments that have been created to capture the Administration and Support level functions for the series. These departments contain hours, expenses, and volumes that support the departments within the series.

There are many tasks identified on the normalization surveys that should be part of the Administration and Support departments. However, to provide additional guidance, we have called out the management function to ensure that the functions are present within the appropriate standard department within the normalized view.

Management functions within the Administrative and Support Departments are based on two tasks from the normalizations survey:

- Personnel performing the functions of the department’s day-to-day managerial operations
  (This function IS NOT included in the Administration and Support Departments)

- Personnel performing the functions of administration and managerial oversight operations
  (This function IS included in the Administration and Support)

These two tasks are intending to find those management functions that are similar throughout all organizations. Functions may be structured differently throughout organizations; therefore it may require a normalization to move such functions to the ActionOI specified destination location.

Functions

**Day-to-day managerial operations** – represents the focus on the departments’ direct operations, making sure employees understand their roles and responsibilities for the days’ work, establishing shift assignment, prioritizing workflow, and mentoring staff to be successful, while ensuring the decisions that correspond to the department processes are executed in accordance with current established policies. (Internally-driven focus)

**Administration and managerial oversight operations** – creating annual budgets, employee performance meetings, attending leadership meetings, and providing direction of the services for future growth and profitability. (Externally-driven focus)

For those ActionOI department series that do not have a separate Administration and Support area listed, the administration hours and dollars should be normalized to the specific standard departments they support within the series.

Examples of Normalizations

One person in the 03410, Diagnostic Radiology Including Interventional Procedures has responsibility of the day-to-day operations for multiple departments within the series. Therefore, normalizations will need to be created to account for such time.

- 50% stays in 03410, Diagnostic Radiology Including Interventional Procedures
• 30% moves to the 03420, Computerized Tomography
• 10% moves to the 03450, Ultrasound
• 10% moves to the 03499, Imaging Services Administration

Two people in the 03411, Diagnostic Radiology Without Interventional Procedures have day-to-day managerial responsibility for other departments within the Imaging series. However, there are 4 people within that job code that perform the day-to-day managerial operations. One of these people is over 03412, Interventional Radiology and 03420, Computerized Tomography; the other is over 03430, Magnetic Resonance Imaging and 03450, Ultrasound; and the other two are responsible for 03411, Diagnostic Radiology Without Interventional Procedures

• 12.5% of job code will be normalized to 03412, Interventional Radiology
• 12.5% of job code will be normalized to 03420, Computerized Tomography
• 12.5% of job code will be normalized to 03430, Magnetic Resonance
• 12.5% of job code will be normalized to 03450, Ultrasound
• 50% of time will remain in 03411, Diagnostic Radiology without Interventional Procedures

One person is paid from the 05110, Patient Food Services, also has responsibility for 05111, Clinical Nutrition Services and the 05120, Nonpatient Food Services and provides day-to-day managerial and administration and managerial oversight operations. This series doesn’t have an Administration and Support department, so all time should be distributed to the standard departments.

• 2% of job code will be normalized to 05111, Clinical Nutrition Services
• 25% of job code will be normalized to 05120, Nonpatient Food Services
• 73% of job code will remain in 5110, Patient Food Services

One person is paid from the 04811, Physical Therapy: Inpatient, also has responsibility for 04821, Occupational Therapy: Inpatient and 04861, Speech Language Pathology: Inpatient and Outpatient. In addition to overseeing the day-to-day managerial responsibilities for these three departments, they also create the annual budgets, attend leadership meetings and provide direction for future growth and profitability for Rehabilitation Services for the organization.

A percentage of time should be allocated through a normalization to each of the departments for which the individual has day-to-day managerial responsibility and to the Administration and Support department for the administration and managerial oversight operations.
An organization has one person who is responsible for creating the monthly shift assignments, mentoring staff and assuring that staff adhere to current policies and procedures for the daily running of the department. This individual also creates the annual budget for the department and attends leadership meetings.

Based on this individual’s job duties, a percentage of time should be allocated through a normalization to the Administration and Support department.

- 50% of job code should remain in the department
- 50% of job code should be normalized to an Administration and Support department if one is present within the series.

**Things to consider**

Materiality is an important component when deciding if a normalization is needed. Generally, a difference of 10 percent or more may be material. However, each organization should determine their threshold for materiality of a normalization.

When determining the amount to allocate, use a methodology that reflects the amount of time spent on the task identified for each department.

Recommendations include: ratio of workload units in each department or based on employees managed. Other methodologies are also acceptable, and you should be comfortable using whatever cost accounting process you use internally to allocate this individual.

**Global Expense Normalizations**

Global expense normalization rules refer to certain functional expenses that are to be consolidated to create a standard normalized view. When the following expenses are charged out to cost centers throughout your facility, they are included in the actual view of department performance, however, in the normalized view, these expenses are consolidated into the relevant normalized functional area.

The table below lists required normalizations from various departments to their primary destination departments. If your organization has not mapped to the primary destination department, then normalize the expenses to the secondary destination department listed in the table below.
With the June 2014 release, a Global Normalization Feature was added to the Data Collection Module that allows you to create some Global Expense Normalizations without needing to create Free Form normalizations for every department. You can create these in the Data Collection module for the expenses listed below and in green in the rules table. All other normalizations listed here need to be created via Free Form normalization. See the Data Collection help file for more information.

- Anesthetic materials
- Cost of oxygen and other non-anesthetic medical gases, including nitric oxide. This includes cylinder, bulk and liquid oxygen
- Floor Stock (Food)
- Food expense, specifically catering to departments (including outside catering)
- Laundry and linen
- Cleaning supplies
- Collection fees
- Legal Fees

The following table lists the Global Normalization Rules which state which departments are allowable primary and secondary destinations for the expense.

Green rows are Global Normalizations that can be made using the Global Normalization feature in Data Collection provided the destination departments are the same as those listed here. If you are not using the destinations listed here, then the Global Normalization will need to be created using a Free Form Normalization.

<table>
<thead>
<tr>
<th>Department Expense</th>
<th>Primary Destination</th>
<th>Secondary Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthetic materials</td>
<td>03060, Anesthesia</td>
<td>G3000, Other Surgical Services</td>
</tr>
<tr>
<td>(Note: Anesthetic materials normalization does not include anesthetic gases.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contrast media expense</td>
<td>034XX – Imaging Series department where used</td>
<td>042XX – Cardiovascular Services department where used</td>
</tr>
<tr>
<td>Radiology Films</td>
<td>034XX – Imaging Series department where used</td>
<td></td>
</tr>
<tr>
<td><strong>Department Expense</strong></td>
<td><strong>Primary Destination</strong></td>
<td><strong>Secondary Destination</strong></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Lab material and supplies</td>
<td>033XX – Laboratory Series department where used</td>
<td></td>
</tr>
<tr>
<td>Cost of oxygen and other non-anesthetic medical gases, including nitric oxide. This includes cylinder, bulk, liquid oxygen and the associated cylinder rental/lease expenses associated with oxygen and other patient gases.</td>
<td>04110, Respiratory Care 04130, Respiratory Care and Pulmonary Diagnostics Combined</td>
<td>G4100, Other Respiratory/Pulmonary Services</td>
</tr>
<tr>
<td>Cost of all medications and IV solutions, administered to <strong>inpatients</strong>.</td>
<td>04430, Pharmacy Inpatient Services</td>
<td>G4400, Pharmacy Other Services</td>
</tr>
<tr>
<td>(Do not include take home prescriptions and OTC drugs, Radiology contrast media, volatile anesthetic gases, and hemophilia factors.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of all medications and IV solutions, administered to <strong>outpatients</strong>.</td>
<td>04440, Pharmacy Outpatient/Clinic Services</td>
<td>G4400, Pharmacy Other Services</td>
</tr>
<tr>
<td>Services may include but are not limited to: cardiovascular, dialysis, emergency services, and or surgery. (Do not include take home prescriptions and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of all medications and IV solutions, administered to <strong>inpatients and outpatients</strong>.</td>
<td>04410, Pharmacy Services</td>
<td>G4400, Pharmacy Other Services</td>
</tr>
<tr>
<td>Department Expense</td>
<td>Primary Destination</td>
<td>Secondary Destination</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Clinical equipment maintenance and repair</td>
<td>05040, Biomedical Engineering</td>
<td>G5000, Other Facility Services</td>
</tr>
<tr>
<td>All clinical repairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-house labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor Stock (Food)</td>
<td>05110, Patient Food Services</td>
<td>G5100, Other Food Services</td>
</tr>
<tr>
<td></td>
<td>05112, Patient and Non-Patient Food Services</td>
<td></td>
</tr>
<tr>
<td>Food expense, specifically catering to departments</td>
<td>05120, Non-Patient Food Services</td>
<td>G5100, Other Food and Nutrition Services</td>
</tr>
<tr>
<td>(including outside catering)</td>
<td>05112, Patient and Non-Patient Food Services</td>
<td></td>
</tr>
<tr>
<td>Laundry and linen</td>
<td>05210, Environmental Services and Linen Distribution</td>
<td>G5200, Other Environmental and Linen Services</td>
</tr>
<tr>
<td></td>
<td>05220, Laundry and Linen: In-House Reprocessing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>05221, Laundry and Linen: Distribution Only</td>
<td></td>
</tr>
<tr>
<td>Cleaning supplies</td>
<td>05210, Environmental Services and Linen Distribution</td>
<td>G5200, Other Environmental and Linen Services</td>
</tr>
<tr>
<td>(Note: Cleaning Supplies refers to the cleaning supplies used by the Environmental Services staff, and does not refer to miscellaneous supplies used by the department staff.)</td>
<td>05211, Environmental Services</td>
<td></td>
</tr>
</tbody>
</table>
We also want to provide guidance on how these normalizations can be accomplished.

- Normalization definitions are straightforward when these departmental expenses are uniquely identified with a specific GL account code. In these cases create the free form normalization definition by selecting the relevant GL account code and allocating 100 percent of the expense to the appropriate destination department.

<table>
<thead>
<tr>
<th>Department Expense</th>
<th>Primary Destination</th>
<th>Secondary Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection fees</td>
<td>05670, Patient Accounting</td>
<td>05602, Patient Financial Services</td>
</tr>
<tr>
<td></td>
<td>05671, Credit and Collections</td>
<td></td>
</tr>
<tr>
<td>Cost related to computer information systems, including the software and hardware to support these systems and associated maintenance/support agreements. This would also include any new purchases related to existing department based computer information systems. Exclude from this any department-specific software and computers/operating systems integral to the operations and functioning of clinical equipment. (These expenses are normalized to Biomedical Engineering.) Staff associated with IT engineering, code writing, installation of software and hardware. Include training on house-wide IT products, such as EHR. Do not include subject matter experts.</td>
<td>05510, Enterprise Information Services</td>
<td>G5500, Other Enterprise Information Services</td>
</tr>
<tr>
<td>Legal Fees (except fees related to collection)</td>
<td>G6900, Other Services</td>
<td></td>
</tr>
</tbody>
</table>
• When there is not a separate GL account code, determine the appropriate percentage of the GL account that includes the expense. In some cases, it may be more accurate to define a specific dollar amount for the allocation rather than rely on a rolling percentage allocation.

Keep in mind the materiality guidelines your organization has established when determining the normalization definitions required to comply with these guidelines. Your materiality threshold should be evaluated in both the source departments as well as the total that would be allocated to the destination department. For example, Catering Expense needs to be allocated from each department back to your Food Services area. The average quarterly value of catering expense is $300 per department. $300 would appear to be an immaterial amount to one department, however, you must also look at the total of all departments. With 95 departments, an average of $300 per department would total $28,500 which is a material value to the Food Services department.

**Normalization Terminology**

The following terms are frequently used when describing the process of normalizing data:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>Data representing your facility.</td>
</tr>
<tr>
<td>Allocations</td>
<td>Aggregating your data to match nationally specified sets of functions.</td>
</tr>
<tr>
<td>Destination</td>
<td>Department where the allocations from the Source will be included.</td>
</tr>
<tr>
<td>Elements / Data Entry</td>
<td>Raw data submitted.</td>
</tr>
<tr>
<td>Indicators / Ratios</td>
<td>These are the formulas using the elements.</td>
</tr>
<tr>
<td>Normalization</td>
<td>Creating comparable data.</td>
</tr>
<tr>
<td>Source</td>
<td>Department where the allocations are to be excluded from the specified accounts or job codes.</td>
</tr>
<tr>
<td>Survey</td>
<td>Triggering allocations based on how your managers answer the normalization questions.</td>
</tr>
<tr>
<td>Tasks</td>
<td>Specific functions performed within departments.</td>
</tr>
<tr>
<td>Wizard</td>
<td>Used to automate your tasks and unique situations by specifying sources, destinations, accounts, and job codes</td>
</tr>
</tbody>
</table>

**Normalization Tasks**

Normalizations are the inclusion and/or exclusion of hours and costs associated with specific functions required to normalize the departmental data. These normalizations should be made to ensure that your data meets the requirements for the normalized view in the comparative database.
Tip: To ensure that all tasks have been assigned to both a source and destination department, view the Unused Tasks Report provided in the ActionOI Data Collection Data Normalization module. If a task appears on this report, you must assign it to either a source or destination department. For more information, refer to ActionOI Data Collection User's Guide. ActionOI Data Collection User’s Guide.

If a normalization task is not assigned to both a source and destination department, the normalization process will be unsuccessful. All tasks must be assigned to a source and a destination department.

For a complete list of tasks and the associated source and destination departments, see ActionOI Normalization: Task to Department Cross-reference accessible from the ActionOI Support and Training page. To access this page, click Support at the top of the ActionOI page. If you are not sure which department is responsible for the unused task, locate the task in the cross-reference table to verify the department(s) to which it belongs.

The focus is on materiality and the amount of time that is spent on the task and functions identified within the normalization survey.

These allocations that are applied could be based on three areas within the department: hours, expenses, and volumes. These don’t necessarily mean that every normalization will require the definition to contain all three or mean that it has to move everything at 100 percent.

Procedure Counting

Many departments within ActionOI contain data elements for procedure volumes (i.e. Total Procedures, Inpatient Procedures, etc). When counting procedure volumes for purposes in ActionOI, clients should include all associated CPT/HCPCS codes published by the American Medical Association (AMA) in conjunction with the Center for Medicare and Medicaid Services (CMS) performed by the department. IBM has developed a worksheet to assist in accurately reporting these data elements: APC and Work RVU Workbook which is found on the ActionOI Support Page.

Note: not all CPT/HCPCS are billable under CMS rules; however, if they are performed by department staff, they will be counted within ActionOI for benchmarking purposes. Level II HCPCS codes, including G Codes that are not listed on the APC and Work RVU worksheet, should not be included in the count.

As a means of data integrity and to prevent duplication in counting, some codes listed on the worksheet have been identified as "to be excluded from the total count" and therefore are excluded from the Total Procedure Count calculation/formula. They are as follows:

- Add-On codes
- Image Guided
- Injection codes
- Lab
• Non Procedure
• Packaged
• Prof Component

Additional guidance for counting procedures for the following departments:

• **Imaging Services, Neurodiagnostic, Radiation Therapy.** For the Total Procedures and Inpatient Procedures elements, count all procedures performed by the these department staff that have an associated CPT/HCPCS code as listed on the APC and Work RVU worksheet, excluding adjunct interventional injection codes. Special consideration has been applied to the worksheet for Image Guidance procedures, and while they may not be 'billable' under CMS rules, they can be counted for ActionOI purposes.

  *Note: Subset worksheets can be found on the Support Page to assist with elements that are not populated with the APC and WorkRVU worksheet which is used for Key Volume upload.*

• **Cardiovascular Services.** For the Total Procedures and Inpatient Procedures elements, count all procedures performed by Cardiovascular Services department staff that have an associated CPT/HCPCS code as listed on the APC and Work RVU worksheet, excluding adjunct interventional injection codes. Note: subset worksheets can be found on the Support Page to assist with elements that are not populated with the APC and Work RVU worksheet which is used for Key Volume upload.

• **Respiratory Services and Pulmonary Diagnostic Services.** For the Total Procedures and Inpatient Procedures elements, count only 'billable' procedures performed by the department staff.

• **Rehabilitation Services.** For the Total Procedures and Inpatient Procedures elements, count only 'billable' procedures performed by the department staff.

  *Note: CMS breaks down Rehabilitation CPI codes into timed and untimed codes and is very specific about what can be billed and how often (i.e once per day). IBM incorporated a Department Specific and Baseline Billed Time Units (BTU's) as a separate workload volumes for reporting metrics. Refer to the department-specific workbook for more information.*

• **All Other Ancillary Departments.** For the Total Procedures and Inpatient Procedures elements, count all procedures performed by department staff that have an associated CPT / HCPCS code as listed on the APC and Work RVU worksheet, excluding adjunct interventional injection codes.

---

**System Reporting -- The S Entity Type**

**Overview**

ActionOI System reporting allows for benchmarking between health systems (system to system comparisons) and between different entity types (system to facility comparisons). System level data is submitted to a System entity type in ActionOI, and is identified within the reporting module with an "(S)" notation. A separate license must be purchased in order to participate as a System entity. In order to ensure comparisons are applicable, it is very important to adhere to the methodologies outlined below as we recognize that organizations have many ways of reporting data.
In general, system supported activities should be reported at the system entity level. We realize that it is very common for certain activities to be supported at both the system and facility levels. In these cases, our guidance to System entity reporters is to report these as a consolidation within the System entity. This may require the use of the System Cost Transfer (SCT) function in Data Collection to move certain portions of the data from your Facility entities to your System entity. The following section will aid in making the correct choices in order to submit the data in a format that meets ActionOI definitions.

**Note:** System Entities are also known as System Office, Corporate Office, Regional Office, Shared Services Organization, and Healthcare System.

**System Entity - General Content Rule: 00100, General Facility**

The 00100, General Facility information is used to benchmark health systems at the highest level of financial operations based on the consolidated financials. This should include all activities of the health system. For example, Gross Revenue reported should equal the Gross Revenue of the entire health system, not just the sum of the revenue reported for the facilities submitting data within ActionOI. The source of the information captured within the 00100, General Facility (S) is the statement of revenue and expense and the statement of financial position. The data can be uploaded or manually entered, but for GFAC cannot be modified via Normalizations or System Cost Transfers.

**General Content Rule: Shared Services (ActionOI Standard Departments)**

The shared services level information is used to benchmark at an individual, standard department level which focuses on specific tasks and functions. The information reported within any ActionOI standard department should represent the functions of the system entity which meets the ActionOI department definition. For example, Human Resources Department: Personnel Services for a health system reporter should represent the hours, expenses, and volumes of Personnel Services function for the entire system entity.

**Note:** The data can be uploaded or manually entered and can be modified via Normalizations and/or System Cost Transfers.

**Adjusted Discharges Supported**

The ActionOI element Adjusted Discharges Supported, is defined as the:

"Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility Department."

1. If Adjusted Discharges Supported is the same value as what has been calculated from the 00100, General Facility, it is not necessary to report this data element. Adjusted Discharges will automatically calculate from the data that has been provided on the 00100, General Facility.
2. Only Patient Generated Revenues are used in the Inpatient-Outpatient Adjustment Factor (IP/OP Adjustment Factor).
3. The IP/OP Adjustment Factor is derived by taking Total Gross Patient Revenue divided by Total Gross Inpatient Revenue for all the business units supported,

4. Adjusted Discharges Supported is derived by taking the sum of the Total Facility Discharges multiplied by the IP/OP Adjustment Factor.

<table>
<thead>
<tr>
<th></th>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Long Term Care Facility</th>
<th>Daycare</th>
<th>Insurance Company</th>
<th>Outpatient Diagnostic Center</th>
<th>Fitness Center</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Revenue</td>
<td>100</td>
<td>75</td>
<td>25</td>
<td>10</td>
<td>100</td>
<td>10</td>
<td>10</td>
<td>420</td>
</tr>
<tr>
<td>Gross Patient Revenue</td>
<td>100</td>
<td>75</td>
<td>25</td>
<td>10</td>
<td>100</td>
<td>10</td>
<td>10</td>
<td>300</td>
</tr>
<tr>
<td>Gross Inpatient Revenue</td>
<td>75</td>
<td>60</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>160</td>
</tr>
<tr>
<td>IP/OP Adjustment Factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Discharges</td>
<td>1,000</td>
<td>750</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,850</td>
</tr>
<tr>
<td>Adjusted Discharges Supported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.850</td>
<td></td>
<td>3,469</td>
</tr>
</tbody>
</table>

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gross Patient Revenue</td>
<td><strong>300</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gross Inpatient Revenue</td>
<td><strong>160</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP/OP Adjustment Factor: Total Gross Patient Revenue / Total Gross Inpatient Revenue</td>
<td>1.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Facility Discharges</td>
<td><strong>1,850</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Discharges Supported: Total Facility Discharges * IP/OP Adjustment Factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,469</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The Matching Principle**

**Background**

The Federal Accounting Standards Advisory Board (FASAB) and the American Institute of Certified Public Accountants (AICPA) established the accounting principles known as the Generally Accepted Accounting Principles (GAAP). ActionOI relies upon the concept of matching to provide guidance on how to report data.

**The Matching Principle**

The Matching Principle requires companies to use the Accrual basis of accounting; it requires that expenses be matched with revenues.
Sales commissions expense should be reported in the period when the sales were made—and not reported in the period when the commissions were paid. Wages to employees are reported as an expense in the week when the employees worked and not in the week when the employees are paid. For example, if a company agrees to give its employees one percent of its 2003 revenues as a bonus on January 15, 2004, the company should report the bonus as an expense in 2003 and the amount unpaid at December 31, 2003 as a liability. (The expense is occurring as the sales are occurring.)

**Accrual Basis of Accounting**

The Accrual Basis of Accounting is the accounting method under which revenues are recognized on the Statement of Revenue and Expense when they are earned (rather than when the cash is received). The Statement of Financial Position is also affected at the time of the revenues by either an increase in Cash (if the service or sale was for cash), an increase in Accounts Receivable (if the service was performed on credit), or a decrease in Unearned Revenues (if the service was performed after the customer had paid in advance for the service).

Under the accrual basis of accounting, expenses are matched with revenues on the Statement of Revenue and Expense when the expenses expire or title has transferred to the buyer, rather than at the time when expenses are paid.

The Statement of Financial Position is also affected at the time of the expense by a decrease in Cash (if the expense was paid when it was incurred), an increase in Accounts Payable (if the expense will be paid in the future), or a decrease in Prepaid Expenses (if the expense was paid in advance).

**Matching of Salary Dollars and Hours**

In conjunction with the implementation of the Matching Principle, ActionOI also requires that clients report Hours Associated with Salary Dollars for all departments. If the salary of a particular staff person or team is capitalized (the salary is NOT charged to a department), then the related hours must also not be reported in that department. The reasoning behind enforcement of this rule is that if there is no tie-in of hours to salary dollars, the measure Average Wage Rate computed for a facility department in ActionOI will be misrepresented and as a result, the benchmarks based on this measure will be suspect.

**Using the All Indicator and All Element Lists**

The All Indicator List is a Microsoft Excel® file that lists every possible indicator and indicator formula, organized by department. Indicators are the calculated ratios, metrics, and other performance measures. Indicators are automatically calculated when the required data elements have been populated.

Use this list as a reference when mapping departments. The list is available via the Support link on every page of the ActionOI application. Look under Reference and click **Indicator List**.

The All Element List is a Microsoft Excel file that lists every possible data element in ActionOI by department. This file includes information about mandatory data elements, elements that are uploadable or manual entry only, as well as elements that are part of the "better performer" criteria as seen in the Reporting module.
Use this list as a reference when mapping departments. The list is available via the Support link on every page of the ActionOI application. Look under Reference and click Element List.

Both files can be found on the Support and Training page.

### What is a Department Series?

A department series is a collection of departments, normalizations, characteristics, elements (department hours or standard expenses), and indicators. The elements provided for departments produce indicators, such as Worked Hours per Unit of Service, per Discharge, or per Patient Day. By combining these indicators with the responses to the characteristics questions, you can understand how your department compares to similar departments at other facilities.

Before submitting statistical data, keep in mind the following universal guidelines:

- Data elements should be internally consistent. For example, productivity statistics should relate to the hours and dollars reported for the department.
- If a statistic applies to your operation but is not available or reliable, leave the field blank.
- If a statistic does not apply to your operation, enter “0.”
- Normalizations are applied AFTER the data is mapped.

Financial reports can provide statistics, such as patient days or discharges. Productivity statistics provide a measure of the workload volume specific to each department.

For a complete list of the ActionOI standard departments that should have only one primary instance, please see the Department Worksheets Excel file available under Data Collection on the ActionOI Support tab.
Worksheets

ActionOI worksheets are Microsoft Excel workbooks you can use during the data collection process to help calculate the values you enter on Characteristic Surveys and Numeric Entry pages. Each workbook includes an introductory page that details how you can use the worksheet.

Worksheets are available on the Support tab of ActionOI.

APC and RVU Worksheet: Departmental Workload Volumes and Intensity by APC

APC Relative Weights and the Hospital Outpatient Prospective Payment System

CMS reimburses most hospital outpatient procedures through the Hospital Outpatient Prospective Payment System (HOPPS). The HOPPS determines the prospective payment for a HCPCS/CPT procedure from the Relative Weight of the Ambulatory Payment Classification (APC) to which the HCPCS/CPT code belongs. An APC is comprised of HCPCS/CPT codes in the same clinical service line that have similar costs for a hospital to provide. Unlike an RVU value, a Relative Weight does not indicate the specific costliness of a single HCPCS/CPT code by itself, but encompasses the entire bundle of services required to perform the procedure. Procedures that are always "packaged with" or performed as part of other procedures are not classed into an APC and have a Relative Weight of zero. Their cost to a hospital is included in the Relative Weight(s) of the procedure(s) with which they are performed. For each HCPCS/CPT procedure, the national payment amount is the product of the Relative Weight times the HOPPS Conversion Factor for the year (Dollars/Relative Weight unit).

To calculate Relative Weights, each year CMS estimates the median hospital cost to provide the services represented by each HCPCS/CPT code and from these calculates the median cost for each APC. CMS then converts the median estimated hospital costs to Relative Weights only for those procedure codes covered by the HOPPS. However CMS does estimate and publish the median estimated hospital costs for all procedures in submitted hospital outpatient claims (see Appendix: CMS Relative Weight Methodology).

Most HCPCS/CPT codes performed in profiled ActionOI departments belong to an APC and have an APC Relative Weight. The worksheet identifies these codes by a value of "A" (APC) for "S" (Source of APC Weight). However, some HCPCS/CPT codes are exceptions.

HCPCS/CPT Procedure Codes without an APC Relative Weight

Some HCPCS/CPT codes do not have a Relative Weight even though these procedures may be performed by hospital departments. There are several different situations in which CMS does not assign a Relative Weight to a HCPCS/CPT code.
1. Packaged Procedures
2. Procedures that Require a More Detailed HCPCS/CPT Code
3. Procedures Reimbursed by a Payment Rate Rather than by Relative Weight
4. Procedures Reimbursed to Hospitals via the Physician Fee Schedule
5. Other Hospital/Physician Office Procedures on Physician Fee Schedule with RVUs
6. Procedures Reimbursed Only on an Inpatient Basis
7. Procedure Codes CMS pays via Other Fee Schedules
8. Procedures Never Performed in a Hospital Setting
9. Procedures Not Generally Applicable to Medicare Beneficiaries
10. Procedures with Insufficient Volume to Estimate a Relative Weight
11. Procedures that Are Experimental or Investigational

Packaged Procedures

CMS assigns Relative Weights of zero to procedures that are always "packaged with" or performed as part of a more significant procedure. These include most anesthesia procedures, injections, insertions/placements of needles and catheters, etc. that are performed in the context of another procedure. The costliness of a packaged procedure is included in the APC Relative Weight of the more significant procedure(s) with which it is performed. The worksheet identifies these codes with a value of "Packaged" for "APC Payment Status Indicator ". ActionOI excludes packaged procedure codes from procedure counts. The worksheet identifies this with values of "* Packaged" or "* Inject" or "* Non Proc" for "Exclude from Procedure / Treatment Counts."

There are a small number of HCPCS/CPT codes that are usually performed as part of a more significant procedure. In those cases where the procedure is performed by itself, it is reimbursed using a CMS-assigned APC Relative Weight. However, since they are usually performed only as part of a larger procedure, ActionOI also excludes these codes from procedure counts with a value of "* Packaged." These codes are identified by an "APC Payment Status Indicator" value of "Packaged w wgts" (Q).

Procedures that Require a More Detailed HCPCS/CPT Code

Some HCPCS/CPT codes do not have an APC Relative Weight because CMS requires a more specific code. For example, CMS does not cover HCPCS/CPT code

33249 Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

Instead, CMS requires hospitals to code either

G0299 Insertion or repositioning of electrode lead(s) for single chamber pacing cardioverter-defibrillator and insertion of pulse generator

or
G0300 Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

Both G0299 and G0300 have a Relative Weight of 442.3292. Therefore ActionOI assigns a Relative Weight of 442.3292 to code 33249 as well. This is the same Relative Weight the hospital procedure would receive if the hospital had used a more specific procedure code.

The worksheet identifies these by a value of "E" (Equivalent) in column "S."

Procedures Reimbursed by a Payment Rate rather than by Relative Weight

CMS reimburses 13 hospital procedures by a fixed HOPPS Payment Rate instead of by an APC Relative Weight. For these procedures, we convert the HOPPS Payment Rate to an equivalent APC Relative Weight. This is the Relative Weight that would result in the same HOPPS payment

Relative Weight = (2013 HOPPS Payment Rate)/(2013 HOPPS Conversion Factor)

where the 2013 HOPPS Conversion Factor is $71.313 / APC

The worksheet identifies codes with a APC Relative Weight derived from a Payment Rate by an "R" (Rate) in column "S" (Source of APC Weight).

Procedures Reimbursed to Hospitals via the Physician Fee Schedule

CMS reimburses many hospital procedures via the Physician Fee Schedule (PFS). Hospitals receive the same payment as would a physician's office or other non-hospital setting. One can perform these procedures in either a hospital or office setting, with cost and resource use assumed to be the same. Examples include:

- Mammography services
- Physical Therapy services

For these codes, IBM converts the technical component RVUs from the Physician Fee Schedule to a value equivalent to the APC Relative Weight, that is, to the number of APC units that results in the same payment amount. The technical component RVU is the sum of the Non-Facility PE and the Malpractice RVU.

The conversion factors allow one to convert an RVU to a Relative Weight.

where the 2013 HOPPS Conversion Factor is $71.313 / APC

and the 2013 Physician Conversion Factor is $34.023 / RVU

For example, procedure 77055 Mammography; unilateral has an RVU value of 1.63 for the technical component

AOI Relative Weight = (1.63 RVUs) * ($34.023 / RVU ) / $71.313/APC) = 0.7777APCs

The worksheet identifies procedures with Relative Weights derived from RVUs by an "F" (Fee Schedule) in column "S" (Source of APC Weight).
Other Hospital/Physician Office Procedures on Physician Fee Schedule with RVUs

Several other procedures can be performed in either a hospital or a physician office setting, but CMS does not reimburse them via the Physician Fee Schedule because they have an APC Payment Status Indicator of "Non-Medicare" or "Non-HOPPS." CMS provides RVU values for many of the codes not covered by Medicare. ActionOI determines whether a procedure can be done in an office setting using the "Transitioned Non-Facility Not-Applicable Indicator" on the Physician Fee Schedule.

Examples of HCPCS/CPT hospital/office codes with RVUs include:

- 11975 Insertion, implantable contraceptive capsules
- 11977 Removal with reinsertion, implantable contraceptive capsules
- 59425 Antepartum care only; 4-6 visits
- 59426 Antepartum care only; 7 or more visits
- 59430 Postpartum care only (separate procedure)
- 78350 Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
- 90465 Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day

IBMs uses the same methodology (as "F" above) to produce APC-equivalent weights for additional procedures not covered by the HOPPS for which CMS publishes RVU values, and for which costs in hospitals and in other settings should be similar. This includes only "Non-Facility" procedures. The worksheet identifies these codes by a "P" (Physician Fee Schedule) in column "S" (Source of APC Weight).

Procedures Reimbursed Only on an Inpatient Basis

The departments whose workload intensity ActionOI currently profiles rarely perform procedures that can only be performed on an inpatient basis. However, some hospitals do perform some procedures in profiled departments (e.g. Invasive Cardiology, Endoscopy/G.I. Lab) that CMS does not currently reimburse on an outpatient basis, and excludes from the HOPPS. CMS therefore does not provide APC Relative Weights for these procedures.

CMS calculates and published Median Estimated Costs for all the procedures observed in its claims stream. CMS then converts these median estimated costs to APC relative weight values for all the procedures covered by the HOPPS. CMS does not convert these median costs to APC relative weights for procedures that are not paid by the HOPPS, are not covered by Medicare, are paid via a fee schedule, or have too low a volume to reliably estimate cost from one year's data. CMS asks carriers to price most new (e.g. temporary "T-code") and low-volume procedures. IBM selects the CMS estimated median costs in the 2013 APC median cost dataset and converts these cost estimates to 2013 APC weights. By using CMS own cost estimates used to assign APC relative weights, we ensure that these are the same weights CMS would have assigned if it categorized a procedure in an APC class.
The worksheet identifies these codes by a "C" (CMS Median Estimated Cost) in column "S" (Source of APC Weight).

**Procedures CMS Pays via Other Fee Schedules**

CMS reimburses a number of HCPCS/CPT codes using other fee schedules. CMS does not publish an APC Relative Weight nor an RVU value for these codes. These codes represent durable laboratory procedures, medical equipment, ambulance services, supplies or drugs rather than direct services to patients. ActionOI excludes these codes from procedure counts with the designation "** Non Proc" and with a Relative Weight of zero.

The remaining codes are test procedures on the Laboratory Fee Schedule. ActionOI excludes these codes from procedure counts with the designation "** Lab" with Relative Weights of zero.

**Procedures Not Generally Applicable to Medicare Beneficiaries**

This also includes procedures specifically excluded from Medicare coverage. ActionOI provides equivalent Relative Weights if there is either (1) a sufficient number of cases in the CMS median cost estimates for the procedure or (2) the procedure equally can be performed in a physician office setting and CMS provides Non-Facility RVU values. In these cases ActionOI uses the methods described above to obtain Relative Weights.

**Procedures with Insufficient Volume to Estimate a Relative Weight**

CMS does not publish an APC Relative Weight for these procedures. Many of these are represented by "Temporary" CPT codes with a "T" as the fifth digit, or by HCPCS Level II codes. For these procedures there is inadequate data to estimate a Relative Weight. In some cases the Medicare asks carriers to price the code.

**Procedures that are Experimental or Investigational**

CMS does not publish an APC Relative Weight for these procedures. Many of these are represented by "Temporary" CPT codes with a "T" as the fifth digit, or by HCPCS Level II codes. For these procedures there is inadequate data to estimate a Relative Weight.

**HCPCS/CPT Codes Included on APC and Work RVU Worksheet**

The APC and Work RVU worksheet includes

- CPT (HCPCS Level I) codes
  - All procedure codes
  - Including Temporary Codes ("T" in 5th digit)
  - But excluding Measurement Only Codes ("F" in 5th digit)
- HCPCS Level II (Alpha) codes
  - That represent actual procedures
Guiding Principles

• But omitting codes that represent supplies, DME, drugs, ambulance services, etc.
• That provide data with which to provide a Relative Weight

• An APC Relative Weight

• Professional Work RVU values

**HCPCS/CPT Codes Excluded from Procedure Counts**

The APC and Work RVU worksheet counts only unique procedures. Procedure counts exclude:

• *HCPCS/CPT* codes secondary to a more significant procedure
  • Add-on procedures (but RVU value and Relative Weight included in totals)
  • Packaged procedures, always performed in conjunction with or as part of a more significant procedure
  • Injections

• *HCPCS/CPT* codes that represent only the professional (physician/provider) component of a procedure (but RVU value and Relative Weight included in totals)

• *HCPCS/CPT* non-procedure codes
  • Drugs
  • Vaccines
  • DME
  • Supplies

• *HCPCS/CPT* clinical laboratory payment schedule codes

**Appendix: CMS Relative Weight Methodology**

Each year CMS estimates the median cost for each *HCPCS/CPT* code and converts these estimated costs to APC Relative Weights for all the procedures covered by the *HOPPS*. When obtaining these estimates, CMS uses all claims submitted to it, including those with procedures not covered by the *HOPPS*. CMS estimates and publishes the weights in several steps:

• Separate out outpatient claims with a single significant procedure

• Separate out claims that have no significant procedure, and determine the most significant of the *HCPCS/CPT* codes that do appear on the claim

• Split remaining claims that have multiple significant procedures into pseudo-claims each having one significant procedure and its associated "packaged" services (e.g. anesthesia, radiological monitoring, routine supplies)
• Combine the original single-procedure claims with the generated pseudo-claims each identified by a single significant procedure

• Estimate the cost of each claim/pseudo-claim by applying Ratios-of-Costs-to-Charges from the hospital's Medicare Cost Report to the detailed submitted charges on each claim

• Calculate the median estimated cost for each procedure bundle from the estimated costs for individual claims identified by the procedure

• Group procedures in same service line with similar estimated costs into the same APC

• Convert median cost for APC to APC Relative Weight
  ▪ Ratio (median cost for APC) / (median cost all procedures)
  ▪ With adjustments to meet CMS reimbursement budget targets

• Publish APC assignments, Relative Weights, and the estimated median hospital costs for HCPCS/CPT procedures that appear in Medicare claims.

CMS provides the details for each year's estimates in the annual published Final Rule for the Outpatient Prospective Payment System.
Chapter 5. Administration

This chapter includes the following sections:

- 06610, Administration 108
- G6600, Other Administration Services 112

06610, Administration

This department includes all C-Level (i.e. CEO, CFO, CIO, COO, CMO, CNO), V-Level (i.e. Senior Vice President, Vice President, Assistant Vice President) and respective support staff (i.e. Administrative Assistant, Executive Secretary) for service lines within the organization.

Administration Mapping Guidelines

If the organization has multiple executive administrative cost centers for service lines combine them for reporting purposes.

Administration Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Administration Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Other Line Management**

Total hours worked by non senior level executives with predominately line management responsibilities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Senior Management**

Total hours worked by senior level executives (CEO, vice presidents, etc.) with predominately line management responsibilities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Specialty Staff**

Total hours worked by specialty professional staff (planning, PR, human resources, etc.) with predominately staff responsibilities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Administration Expense Elements

Contract Service Expense
Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Total Related Party Allocation Expense
Total expense allocated from a corporate or other related party for services provided.

This is a subset of Other Direct Operating Expense.

Administration Mandatory Elements
The following data elements are mandatory for this department:
Administration Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- CIO (Chief Information Officer), Vice Presidents, Assistant Administrators and their support staff
- CMIO (Chief Medical Information Officer)
- Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
- Privacy Officer - activities related to the development, implementation, maintenance of, and adherence to policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws
- Senior Management, Executive Staff and clerical support staff, e.g., CEO, CFO, VPs, Assistant Administrators

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Compensation and Benefits, e.g., job description preparation, analysis, and evaluation, conducting salary surveys, performing employee benefits management, employee enrollment, plan administration, and record keeping
- Clerical support for Nursing Administration Managers or Directors
- Employee Assistance (management and administration of the program)
- Fund raising activities
- Human Resources/Personnel
- Legal Affairs (In-House Counsel) and Legal Fees
- Mail Room
• Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care

• Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations

• Medical staff office, Medical Affairs, CME, and associated secretarial staff

• Outplacement Counseling

• Patient Relations

• Patient Satisfaction, including the survey process and analysis of the results

• Physician Referral

• Public Relations

• Rate-Setting, e.g., develop and implement rates for the organization

• Recruitment Costs, e.g., costs associated with the relocation of new employees (excluding physicians)

• Reimbursement Management, e.g., preparation of the annual Medicare and Medicaid cost reports, regular reimbursement related filings, preparation of monthly statistical summaries and special reimbursement projects

• Union Negotiations

G6600, Other Administration Services

If you have a cost center in this series that does not appropriately map to any of the individual departments, map to this department.

Other Administration Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Other Administration Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Other Line Management

Total hours worked by non senior level executives with predominately line management responsibilities.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Senior Management

Total hours worked by senior level executives (CEO, vice presidents, etc.) with predominately line management responsibilities.

This is a subset of Worked Hours: Staff.

Worked Hours: Senior Management

Total hours worked by senior level executives (CEO, vice presidents, etc.) with predominately line management responsibilities.
This is a subset of Worked Hours: Staff.

**Worked Hours: Specialty Staff**
Total hours worked by specialty professional staff (planning, PR, human resources, etc.) with predominately staff responsibilities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other Administration Services Expense Elements**

**Labor Expense**
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Other Administration Services Mandatory Elements**
The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Other Administration Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- CIO (Chief Information Officer), Vice Presidents, Assistant Administrators and their support staff
- CMIO (Chief Medical Information Officer)
- Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
- Privacy Officer - activities related to the development, implementation, maintenance of, and adherence to policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws
- Senior Management, Executive Staff and clerical support staff, e.g., CEO, CFO, VPs, Assistant Administrators

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Compensation and Benefits, e.g., job description preparation, analysis, and evaluation, conducting salary surveys, performing employee benefits management, employee enrollment, plan administration, and record keeping
- Clerical support for Nursing Administration Managers or Directors
- Employee Assistance (management and administration of the program)
- Fund raising activities
- Human Resources/Personnel
- Legal Affairs (In-House Counsel) and Legal Fees
- Mail Room
- Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care
- Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations
- Medical staff office, Medical Affairs, CME, and associated secretarial staff
• Outplacement Counseling

• Patient Relations

• Patient Satisfaction, including the survey process and analysis of the results

• Physician Referral

• Public Relations

• Rate-Setting, e.g., develop and implement rates for the organization

• Recruitment Costs, e.g., costs associated with the relocation of new employees (excluding physicians)

• Reimbursement Management, e.g., preparation of the annual Medicare and Medicaid cost reports, regular reimbursement related filings, preparation of monthly statistical summaries and special reimbursement projects

• Union Negotiations
Chapter 6. Ambulatory Care Clinics

The Ambulatory Care Clinics series includes all scheduled patient visits for diagnostic or therapeutic care under the direction or supervision of a physician. Educational, rehabilitative, or preventive care clinics may be included if a charge is generated for the visit. Clinics may function in one or more locations and may be staffed by hospital medical staff or by visiting physicians from another facility.

General Notes

- The Ambulatory Services Administration department should capture all the administrative functions of the Ambulatory Care Clinics program including patient registration, patient reception, general management, and clerical support. These functions are defined in the Normalizations: Task-to-Department Cross Reference document available via the Support link in ActionOI.

- The registration function needs to be captured in the normalized view of the Ambulatory Services Administration department. If your actual data view has registration in a department other than Ambulatory Care Clinics series, or, if registration is captured in various ambulatory clinic departments, use free-form normalization in ActionOI to allocate registration hours/costs to the Ambulatory Services Administration department.

- Patient Scheduling should be normalized the standard department 05608, Centralized Scheduling using the available task based definition or by creating a free form normalization.

- If you do not map a cost center to the Ambulatory Care Clinics Administration department, create a normalized-only instance of the department to make the allocations described above.

- Difference between an Adult Medicine Clinic and a Family Practice Clinic: The Adult Medicine clinic is intended for the treatment of a primarily adult population, whereas the Family Practice clinic may treat patients of all ages.

This chapter includes the following sections:

- Ambulatory Care Clinic Departments 118
- Ambulatory Care Clinic Department Hours Elements 236
- Ambulatory Care Clinic Expense Elements 238
- Ambulatory Care Clinic Operational Metrics 240
- Ambulatory Care Clinic Normalizations 241
Ambulatory Care Clinic Departments

02210, Multi-Discipline Combined Clinic

This department provides comprehensive coordinated care for ambulatory patients with complex diseases or disorders. This department uses a team approach providing patients access to multiple physicians and care givers at one visit as opposed to having the patient go to multiple visits or locations to receive their treatment. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Multi-Discipline Combined Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).
This is a component of Patient Visits.

**Multi-Discipline Combined Clinic Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Multi-Discipline Combined Clinic Mapping Guidelines**

Use this department if your patient population is diverse (that is, if your patient population does not contain an 80% proportion of any one type of specialty patient).

**Note:** Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

**Multi-Discipline Combined Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02215, Allergy Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing allergies, asthma and/or immune deficiencies. Examples of conditions diagnosed and treated include, but are not limited to: asthma, environmental allergies, food allergies, pet allergies, drug allergies, pollen allergies, and chronic cough. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Allergy Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Allergy Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory allergy patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Allergy Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Allergy Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

**02216, Anticoagulant Clinic**

This department provides safe and effective management of short-term and long-term warfarin (Coumadin) therapy for the prevention and treatment of thrombosis (clotting). The department provides patients with rapid and efficient monitoring and management of medications to achieve the best possible outcome while minimizing the risk of any adverse events. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Anticoagulant Clinic Workload Volume

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Anticoagulant Clinic Mapping Guidelines
If less than 80% of your cost center's patients are ambulatory anticoagulation patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Anticoagulant Clinic Mandatory Elements
The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Anticoagulant Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Ro les
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

**02218, Bone Marrow Transplant Clinic**

This department provides comprehensive consultative, diagnostic, and therapeutic services for bone marrow transplant patients before and after transplantation. Examples of treatments provided include, but are not limited to: apheresis, chemotherapy, and daily supportive care. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

**Bone Marrow Transplant Clinic Workload Volume**

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

**Nurse Visits**

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Bone Marrow Transplant Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory adult and / or pediatric bone marrow transplant patients (pre- and post-transplant), this department may not be an appropriate choice. Other options may include the 02267, Oncology / Hematology Clinic department, or the 02290, Transplant Center department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Bone Marrow Transplant Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Bone Marrow Transplant Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02220, Cardiology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients diagnosed with heart and vascular diseases and disorders. Examples of services provided include, but are not limited to: echocardiograms, stress tests, etc. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Cardiology Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Cardiology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory cardiology patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Cardiology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Cardiology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient’s medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02222, Chemical Dependency Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients diagnosed with chemical dependency disorders such as alcohol, drug and substance abuse. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Chemical Dependency Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Chemical Dependency Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory chemical dependency patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Chemical Dependency Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Chemical Dependency Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02225, Dental Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing dental disorders and oral diseases. Services provided include, but are not limited to: general dental care, care under general anesthesia, oral and maxillofacial surgery, reconstructive services, and management of TMJ dysfunction. Specialty areas include endodontics, orthodontics, periodontics, and prosthodontics. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Dental Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Dental Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Dental Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory dental clinic patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Dental Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02226, Dermatology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients diagnosed with cutaneous (skin-related) disorders including the following conditions: acne, autoimmune and connective tissue disease, HIV-related skin disorders, mole, atypical nevus, melanoma surveillance, disorders of cornification, pigmented disorders, environmental dermatitis, rosacea, hair and nail disorders, wound and ulcer care, human papillomavirus (HPV). Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Dermatology Clinic Workload Volumes

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract-agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Dermatology Clinic Mapping Guidelines
If less than 80% of your cost center's patients are ambulatory dermatology patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Dermatology Clinic Mandatory Elements
The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Dermatology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02230, Endocrinology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing endocrine system (gland-related) disorders. Some of the more common conditions which are evaluated and treated include diabetes, thyroid, parathyroid, pituitary, adrenal, and gonadal diseases. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus. Diabetes Education and Management programs should be excluded.

Endocrinology Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Endocrinology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory endocrinology patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Endocrinology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Endoscopy Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02231, Ear, Nose, Throat Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing ear, nose, or throat disorders (otolaryngology). This includes care for cancer, repair of facial skin and bone injuries, reconstructive and cosmetic surgery of the face, and care for voice and upper airway disorders, laser surgery, speech and voice therapy, evaluation of balance and learning disorders, and fitting hearing aids. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Ear, Nose, Throat Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RN, LVN/LPN, and UAP) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RN, LPN, LVN). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Ear, Nose, Throat Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory ear, nose, and throat patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Ear, Nose, Throat Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Ear, Nose, Throat Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02235, Family Practice Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients of all ages for a variety of illnesses, injuries and ailments. Services and treatments include, but are not limited to: physical exams, health screenings, sports physicals, chronic illness care, preventive care, well-child care (including annual checkups and immunizations), well-male care (including blood pressure and body mass index screening), and well-woman care (including Pap tests, pelvic/breast exams, and pregnancy tests). Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Family Practice Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs) . Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Family Practice Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory family practice, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Family Practice Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Family Practice Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02236, Fertility Services Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing fertility disorders. Treatments and services include, but are not limited to: Tests include Semen Analysis, Testicular Biopsy, Hysterosalpingogram, Sonohysterography, Laparoscopy Procedures include Drug therapy, Artificial insemination, In vitro fertilization, Donor program, Intracytoplasmic sperm injection (ICSI), Sperm and embryo cryopreservation, Laparoscopic and conventional surgical correction of infertility, and Treatment of male factor infertility. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Fertility Services Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Fertility Services Clinic Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory patients with fertility disorders, this department may not be an appropriate choice. Other options may include the 02235, Family Practice Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Fertility Services Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

_Fertility Services Clinic Normalizations_

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Ro0240, Gastroenterology Clinicms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

**02240, Gastroenterology Clinic**

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing diseases of the liver and digestive tract, including the stomach, duodenum, gallbladder, biliary tract, pancreas, small intestine and colon. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Gastroenterology Clinic Workload Volumes

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs) . Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Gastroenterology Clinic Mapping Guidelines
If less than 80% of your cost center's patients are ambulatory gastroenterology patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Gastroenterology Clinic Mandatory Elements
The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Gastroenterology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02241, Adult Medicine Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing general medical problems. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Adult Medicine Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).
This is a component of Patient Visits.

**Adult Medicine Clinic Mapping Guidelines**

If less than 80% of your cost center’s patients are ambulatory general medicine patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department, or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

**Adult Medicine Clinic Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Adult Medicine Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02242, General Surgery Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing general pre- or post-surgical problems. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

General Surgery Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

General Surgery Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
General Surgery Clinic Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory general surgery patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department, or the G2200, Other General Clinics department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

General Surgery Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient’s medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Roms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02243, Gerontology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing problems associated with aging. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Gerontology Clinic Workload Volume

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Gerontology Clinic Mapping Guidelines
If less than 80% of your cost center's patients are ambulatory gerontology patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Gerontology Clinic Mandatory Elements
The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Gerontology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Roads

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02255, Infectious Disease Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing one or more types of infectious diseases. Infectious diseases encompass a wide range of conditions caused by germs, including bacteria, viruses, fungi, and parasites. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Infectious Disease Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Infectious Disease Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory infectious disease patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Infectious Disease Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Infectious Diseases Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02259, Nephrology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing kidney disorders such as, but not limited to: Renal Failure, Diabetic Kidney Disorder, Glomerulonephritis, Lupus Nephritis, Amyloidosis, Renal Insufficiency, Pyelonephritis, Nephrotic Syndrome, Polycystic Kidney Disorder, Hypertension, and Electrolyte Disorders. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Nephrology Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Nephrology Clinic Mapping Guidelines
If less than 80% of your cost center's patients are ambulatory patients diagnosed with kidney disorders, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Nephrology Clinic Mandatory Elements
The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Nephrology Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02260, Neurophysiology Clinic

This department provides comprehensive consultative, diagnostic and therapeutic services for ambulatory patients experiencing nervous system disorders, such as: stroke, brain tumors, epilepsy and Amyotrophic Lateral Sclerosis (ALS). This includes services to individuals with autism and related neuro-developmental disorders of any age who are suspected to have an Autism Spectrum Disorder, including Autism, Asperger Syndrome, and Pervasive Developmental Disorder NOS. Clinical neurophysiology is a diagnostic medical specialty which provides information about the function of the brain, spinal cord, peripheral nerves, neuro-muscular junction, muscles, eyes/vision and ears/hearing. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Neurophysiology Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Neurophysiology Clinic Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory neurophysiology patients, this department may not be an appropriate choice. Another option may be the Multi-discipline combined clinic. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Neurophysiology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Neurophysiology Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02262, Neurosurgery Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for patients diagnosed with neurological issues such as: brain tumors, epilepsy, movement disorders, peripheral nerve disorders, cerebrovascular disease (stroke), spine disorders, and pain using minimally invasive surgical techniques as appropriate, including Gamma Knife® stereotactic radiosurgery, deep brain stimulation, and molecular therapies. Treating complicated spinal cases, minimally invasive spinal cases (neck and low back pain, herniated discs), pituitary tumors, and Cushing's Syndrome. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Neurosurgery Clinic Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Neurosurgery Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory patients diagnosed with neurological disorders, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Neurosurgery Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Neurosurgery Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02264, Obstetrics Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for pregnant women. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Ambulatory Care Clinics

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Obstetrics Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Obstetrics Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory obstetrics patients, this department may not be an appropriate choice. Other options may include the 02265, Obstetrics / Gynecological Clinic department; the 02235, Family Practice Clinic department; or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Obstetrics Clinic Mandatory Elements

The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Obstetrics Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02265, Obstetrics/Gynecology Clinic
This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory female patients requiring routine pap and breast examinations, and/or experiencing pregnancy or reproductive system disorders. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Obstetrics / Gynecological Clinic Workload Volume

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Obstetrics/Gynecology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory obstetrics/gynecology patients, use an alternate department. If more than 80% of your cost center's patients are obstetrics patients, use the 02264, Obstetrics Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Obstetrics/Gynecology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Obstetrics/Gynecology Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02266, Occupational Medicine Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing injuries, illnesses, exposures or health concerns related to their workplace. Department staff provide diagnosis and treatment of work-related injuries and illness under workers' compensation, and perform consultation for disability and return-to-work. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Occupational Medicine Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Occupational Medicine Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory occupational medicine patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Occupational Medicine Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Occupational Medicine Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02267, Oncology/Hematology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing cancer and/or blood-related disorders. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Oncology / Hematology Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Infusion Beds

Total infusion beds available for Infusion Therapy.

Infusion Chairs

Total chairs available for infusion therapy. These are typically medical recliner chairs dedicated to infusion therapy administration.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Oncology/Hematology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory oncology or hematology (adult and / or pediatric) patients, this department may not be an appropriate choice. Other options may include the 02218, Bone Marrow Transplant Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Oncology/Hematology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Oncology/Hematology Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02268, Ophthalmology / Optometry Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing eye-related disorders. Services provided include, but are not limited to: routine eye exams, an optical shop, contact lens fitting, cataract extraction (with lens implant), laser refractive surgery, retinal surgery, low-vision rehabilitation, and treatment of ocular injuries. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Ophthalmology / Optometry Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Ophthalmology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory ophthalmology patients, this department may not be an appropriate choice. Other options may include the 02242, General Surgery Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Ophthalmology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor

• Paid Hours: Physician Provider

• Paid Hours: Staff

• Patient Examination Spaces

• Patient Visits

• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Ophthalmology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
**02269, Orthopedic Clinic**

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing musculoskeletal system disorders. If you operate a separate and distinct Hand Clinic, Podiatry Clinic and or Spine Center, we suggest you map your cost center(s) to those departments. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

**Orthopedic Clinic Mapping Guidelines**

If less than 80% of your cost center's patients are ambulatory orthopedic patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

**Orthopedic Clinic Workload Volumes**

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

**Nurse Visits**

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Sports Medicine Visits

Total separate patient encounters supported by department staff when the patient is seen for sports medicine related concern. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Orthopedic Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Orthopedic Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02270, Pain Management

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients with complicated and chronic medical, surgical and neurological pain. This department provides advanced therapies, including drug treatment, pain rehabilitation and management, injection therapies, and implants to address complex and multidimensional pain. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Pain Management Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs) . Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Pain Management Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory pain management patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Pain Management Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Pain Management Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Romms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02271, Hematology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing blood-related disorders. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Hematology Clinic Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare & Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Wait Time For Initial Visit

Average wait time in calendar days for initial visit. Initial visits are visits by patients who have never been seen by the department (new patients), who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site. This is measured by calculating the average difference between the initial appointment request and the initial in-office visit.

Chemo Stations

Total number of Chemo Stations available for use in the clinic.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Infusion Beds

Total infusion beds available for Infusion Therapy.

Infusion Chairs

Total chairs available for infusion therapy. These are typically medical recliner chairs dedicated to infusion therapy administration.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

New Patient Average Wait Time for Initial Visit

Average wait time in calendar days for the initial visit for a new patient. This is measured by calculating the average difference between the initial appointment request and the initial scheduled office visit. This measure is a separate and distinct measurement than Average Wait Time for Initial Visit.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient Examination Spaces

The total discrete spaces designed and equipped for patient examination. This element refers to each space designed and equipped to accommodate patient examinations and treatments. These spaces may be individual treatment rooms or partitioned areas in an open bay concept. Do not include waiting areas, office space, etc.

Patient Initial Visits

The total number of patients initially seen within the department. Initial visits are visits by patients who have never been seen by the department, who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site.

This is a subset of Patient Visits.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Patient Visits with Physician Provider

Total separate patient encounters supported by department staff when the patient is seen by one or more Physician providers. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. If the patient sees additional Physician providers or also sees other types of providers (e.g., dietitian, social worker) during the same visit, the count should be recorded as one visit.

This is a subset of Patient Visits.

Procedure Visits

Enter the total number of procedure visits. A procedure visit is a patient encounter where a procedure has been performed and is billable by a CPT code. If a patient encounter on a single date of service includes multiple CPT codes for this clinic, only one procedure visit is counted. Procedure visits should not include E & M codes. A procedure visit may include an exam as well, however only count it as a single visit.

This is a component of Patient Visits.
Ambulatory Care Clinics
Professional Work RVUs (wRVUs)

Professional Work RVUs (wRVUs) is based on weights published by Medicare for CPT Codes representing the time it takes a physician / provider to perform a service, the related technical skill and physical effort, the required mental effort and judgment, and the stress due to the potential risk to the patient. Report weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Third Next Available Appointment

Average length of time in calendar days between the day a patient makes a request for an appointment with a physician or advanced practice provider (e.g., nurse practitioner) and the third available appointment for a new patient physical, routine exam, or consultation. This follows the recommendations of the Institute for Healthcare Improvement.

Total Abandoned Calls

Total number of calls where the caller hangs up after being placed on hold while waiting to speak to a representative during the reporting period.

This is a subset of Total Inbound Calls.

Total Bumped Appointments

The total appointments moved or changed as a result of a physician during a reporting period.

This is a subset of Patient Appointments Scheduled.

Total Inbound Calls

Total number of inbound calls to the clinic during the reporting period.

Treatment Visits

Total patient treatment visits supported by department staff.

This is a subset of Patient Visits.
Hematologic Clinic Department Expense Elements

Hematology Clinic

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non stocked medical supplies. Include all non capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for departmental non medical operating supplies, e.g., office supplies and small non capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Pharmaceuticals Expense

Total expense for all pharmaceutical supplies.

This is a subset of Medical Supply Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners, and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Purchased Blood and Blood Products Expense

Report the sum of purchased blood and blood products, including apheresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

Hematologic Clinic Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Total hours worked by LPN/LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g., nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RNs (Registered Nurses) including, but not limited to, time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Hematologic Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Paid Hours: Staff
- Patient Examination Spaces
- Worked Hours: Staff
- Worked Hours: Physician Provider
- Labor Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Patient Visits
- Labor Expense: Physician Provider
- Paid Hours: Physician Provider
- Physician Provider Worked Hours
- Physician Provider Professional Fee Expense

Hematologic Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory hematology (adult and/or pediatric) patients, this department may not be an appropriate choice. Other options may include the 02218, Bone Marrow Transplant Clinic department, the 02210, Multi-discipline Combined Clinic department or the 02267, Oncology / Hematology Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Hematologic Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02272, Oncology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing cancer related disorders. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Oncology Clinic Workload Volume

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare & Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Wait Time For Initial Visit

Average wait time in calendar days for initial visit. Initial visits are visits by patients who have never been seen by the department (new patients), who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site. This is measured by calculating the average difference between the initial appointment request and the initial in-office visit.

Chemo Stations

Total number of Chemo Stations available for use in the clinic.
**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

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**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

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**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

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**Infusion Beds**

Total infusion beds available for Infusion Therapy.

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**Infusion Chairs**

Total chairs available for infusion therapy. These are typically medical recliner chairs dedicated to infusion therapy administration.

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**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

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**New Patient Average Wait Time for Initial Visit**

Average wait time in calendar days for the initial visit for a new patient. This is measured by calculating the average difference between the initial appointment request and the initial scheduled office visit. This measure is a separate and distinct measurement than Average Wait Time for Initial Visit.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient Examination Spaces

The total discrete spaces designed and equipped for patient examination. This element refers to each space designed and equipped to accommodate patient examinations and treatments. These spaces may be individual treatment rooms or partitioned areas in an open bay concept. Do not include waiting areas, office space, etc.

Patient Initial Visits

The total number of patients initially seen within the department. Initial visits are visits by patients who have never been seen by the department, who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site.

This is a subset of Patient Visits.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.
Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Patient Visits with Physician Provider

Total separate patient encounters supported by department staff when the patient is seen by one or more Physician providers. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. If the patient sees additional Physician providers or also sees other types of providers (e.g., dietitian, social worker) during the same visit, the count should be recorded as one visit.

This is a subset of Patient Visits.

Procedure Visits

Enter the total number of procedure visits. A procedure visit is a patient encounter where a procedure has been performed and is billable by a CPT code. If a patient encounter on a single date of service includes multiple CPT codes for this clinic, only one procedure visit is counted. Procedure visits should not include E & M codes. A procedure visit may include an exam as well, however only count it as a single visit.

This is a component of Patient Visits.

Professional Work RVUs (wRVUs)

Professional Work RVUs (wRVUs) is based on weights published by Medicare for CPT Codes representing the time it takes a physician / provider to perform a service, the related technical skill and physical effort, the required mental effort and judgment, and the stress due to the potential risk to the patient. Report weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Third Next Available Appointment

Average length of time in calendar days between the day a patient makes a request for an appointment with a physician or advanced practice provider (e.g., nurse practitioner) and the third available appointment for a new patient physical, routine exam, or consultation. This follows the recommendations of the Institute for Healthcare Improvement.

Total Abandoned Calls

Total number of calls where the caller hangs up after being placed on hold while waiting to speak to a representative during the reporting period.

This is a subset of Total Inbound Calls.

Total Bumped Appointments

The total appointments moved or changed as a result of a physician during a reporting period.

This is a subset of Patient Appointments Scheduled.

Total Inbound Calls

Total number of inbound calls to the clinic during the reporting period.

Treatment Visits

Total patient treatment visits supported by department staff.

This is a subset of Patient Visits.

Oncology Clinic Department Hour Element

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Total hours worked by LPN/LVN (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RNs (Registered Nurses) including, but not limited to, time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Oncology Clinic Expense Element

Pharmaceuticals Expense
Total expense for all pharmaceutical supplies.
This is a subset of Medical Supply Expense.

Non Medical Supply Expense
Total expense for departmental non medical operating supplies, e.g., office supplies and small non
capitalized equipment.
This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor.
Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense that includes professional fees, department supplies, equipment
rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude
depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for
non exempt employees paid at a premium rate. Include expense for incidental overtime and call back
time; exclude expense for on call time.
This is a subset of Labor Expense.

Purchased Blood and Blood Products Expense
Report the sum of purchased blood and blood products, including aphaeresis and autologous
transfusions. Do not include hemophilia factor expense.
This is a subset of Medical Supply Expense.

Medical Supply Expense
Total expense for stocked and non stocked medical supplies. Include all non capitalized medical, surgical
supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Oncology Clinic Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Paid Hours: Staff
- Worked Hours: Staff
- Worked Hours: Physician Provider
- Labor Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Patient Visits
• Patient Examination Spaces
• Labor Expense: Physician Provider
• Paid Hours: Physician Provider
• Physician Provider Worked Hours
• Physician Provider Professional Fee Expense

**Oncology Clinic Mapping Guidelines**

If less than 80% of your cost center's patients are ambulatory oncology patients, this department may not be an appropriate choice. Other options may include the 02218, Bone Marrow Transplant Clinic department, the 02210, Multi-discipline Combined Clinic department or the 02267, Oncology / Hematology Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

**Oncology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02275, Pediatric Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory pediatric patients. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Pediatric Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs) . Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Pediatric Clinic Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory pediatric patients, this department may not be an appropriate choice. Other options may include the 02235, Family Practice Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Pediatric Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Pediatric Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02276, Plastic Surgery Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients before and after plastic surgery. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Plastic Surgery Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Plastic Surgery Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory plastic surgery patients, this department may not be an appropriate choice. Other options may include the 02242, General Surgery Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Plastic Surgery Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Plastic Surgery Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02277, Psychiatry/Psychology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients diagnosed with mental disorders and behavioral disturbances. Examples of diagnoses include, but are not limited to: depression, anxiety and psychosis. Treatment includes an initial assessment, an individualized treatment plan (via individual or group psychotherapy), and on-going disease management. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Psychiatry / Psychology Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Group Therapy Sessions

Total group therapy sessions conducted during the reporting period. Patient group therapy sessions are any session where more than one patient is treated concurrently. This is a count of the sessions, not the number of patients being seen, the number of patients in each session does not affect the count.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Psychiatry/Psychology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory psychiatry/psychology patients, this department may not be an appropriate choice. Another option may be the 02210, Multi-discipline Combined Clinic department. This department is not a partial hospitalization program. For partial hospitalization program, please map to the 04710, Partial Hospitalization department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Psychiatry/Psychology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Psychiatric/Psychology Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02278, Podiatry Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients with conditions and disorders of the foot and related structures (i.e. ankle, lower leg) including but not limited to: Foot and ankle deformities, Fractures and dislocations, Sprains and ligament tears, Plantar fasciitis, Foot conditions that require orthotics, Flat foot, Hammer toe, Bunions, Heel pain and spurs, Ingrown toenail and fungal nails, Diabetic foot and ankle-related problems, and Neuroma and nerve problems. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Podiatry Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract-agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Podiatry Clinic Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory podiatry patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Podiatry Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Podiatry Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02280, Pulmonary Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for patients with respiratory illnesses including, but not limited to: asthma, COPD, interstitial lung disease, sarcoidosis, pulmonary nodules, lung cancer, chronic cough, shortness of breath, lung infections, alpha-1-antitrypsin deficiency, bronchiectasis, pulmonary hypertension, pleural disease, thromboembolic disease, pulmonary vasculitis, and respiratory management of neuromuscular disease. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Pulmonary Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

This is a component of Patient Visits.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Telehealth Visits

Pulmonary Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory pulmonary patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Pulmonary Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Examination Spaces
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Pulmonary Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
02285, Rheumatology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing rheumatic diseases and disorders such as rheumatoid arthritis, gout and systemic lupus erythematosus. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Rheumatology Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Rheumatology Clinic Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory rheumatology patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Rheumatology Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Rheumatology Clinic Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02287, Spine Center

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing back pain and spinal conditions including, but not limited to: Degenerative disc disease, herniated and ruptured discs, lower back pain, spinal stenosis, spinal cord tumors, and spine trauma. This department offers surgical management of back pain and injuries including spinal diseases and disorders of the cervical, thoracic, and lumbar spine, including non-operative and operative treatments for spinal deformities, fractures, infections, tumors, and arthritis. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Spine Center Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Spine Center Mapping Guidelines

If less than 80% of your cost center's patients are ambulatory patients diagnosed with spinal conditions, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Spine Center Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Spine Center Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

**02290, Transplant Clinic**

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing all transplant-related diseases and conditions, including, but not limited to: bone marrow, hand, heart, kidney, liver, lung, and pancreas. Hospital Transplant Program administration is excluded. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Transplant Clinic Workload Volume

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Transplant Center Mapping Guidelines
If less than 80% of your cost center's patients are ambulatory transplant patients, this department may not be an appropriate choice. Other options may include the 02242, General Surgery Clinic department or the G2200, Other General Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Transplant Center Mandatory Elements
The following data elements are mandatory for this department:
- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Transplant Center Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02295, Urology Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory patients experiencing urinary or genitourinary disorders. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Urology Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).
This is a component of Patient Visits.

**Urology Clinic Mapping Guidelines**

If less than 80% of your cost center’s patients are ambulatory urology patients, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

**Urology Clinic Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Urology Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02297, Women's Health Clinic

This department provides comprehensive consultative, diagnostic, and therapeutic services for ambulatory female patients requiring mammography and bone density studies, and/or minor surgical procedures. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.

Women’s Health Clinic Workload Volume

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Women’s Health Clinic Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory women’s health patients, this department may not be an appropriate choice. Other options may include the 02235, Family Practice Clinic department or the 02210, Multi-discipline Combined Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Women’s Health Clinic Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Women's Health Clinic Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

**02298, Wound Care**

This department provides comprehensive consultative, diagnostic, and therapeutic treatment for chronic or non-healing wounds, which are defined as sores or wounds that have not significantly improved from conventional treatments. Typically, a wound that does not respond to normal medical care within 30 days is considered a problem or chronic wound. Treatment options include, but are not limited to: bio-engineered skin replacement tissues, surgical intervention, wound closure devices and Hyperbaric Oxygen Therapy. Services are provided in a hospital-based outpatient department or outpatient center located within 35 miles of the hospital campus.
Wound Care Workload Volume

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Hyperbaric Oxygen Therapy Visits
Total separate patient encounters for patients receiving Hyperbaric Oxygen Therapy treatment visits supported by department staff.

This is a component of Patient Visits.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits
Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits
The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.
Wound Care Mapping Guidelines

If less than 80% of your cost center’s patients are ambulatory patients diagnosed with chronic wounds, this department may not be an appropriate choice. Other options may include the 02241, Adult Medicine Clinic department or the G2200, Other General Clinic department. Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Wound Care Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Wound Care Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)

• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

02299, Ambulatory Services Administration

This department performs administrative and general support tasks for Ambulatory Care Clinics. These tasks and functions include, but are not limited to administrative and clerical support for the clinics, as well as all business support, and non-clinical support and the associated management of these support activities.

Ambulatory Services Administration Mapping Guidelines

If this department performs procedures or other patient care activities, another option might be the G2000, Other General Care Clinics department.

Ambulatory Services Administration Mandatory Elements

The following data elements are mandatory for this department:

• Labor Expense

• Labor Expense: Physician Provider

• Medical Supply Expense

• Non Medical Supply Expense

• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Visits Supported
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Ambulatory Services Administration Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

**F2200, Ambulatory Services Functional Rollup**

This rollup department includes all clinics, administrative, clerical, and business function cost centers, regardless of reporting relationship.
Ambulatory Services Functional Rollup Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Clinic Entities

Total distinct clinic sites or entities in ambulatory services that provide direct patient care. This number can be derived by counting the number of cost centers that provide direct patient care.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.
Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient Initial Visits

The total number of patients initially seen within the department. Initial visits are visits by patients who have never been seen by the department, who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site.

This is a subset of Patient Visits.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Patient Visits with Physician Provider

Total separate patient encounters supported by department staff when the patient is seen by one or more Physician providers. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. If the patient sees additional Physician providers or also sees other types of providers (e.g., dietitian, social worker) during the same visit, the count should be recorded as one visit.

This is a subset of Patient Visits.

Procedure Visits

Enter the total number of procedure visits. A procedure visit is a patient encounter where a procedure has been performed and is billable by a CPT code. If a patient encounter on a single date of service includes multiple CPT codes for this clinic, only one procedure visit is counted. Procedure visits should not include E & M codes. A procedure visit may include an exam as well, however only count it as a single visit.

This is a component of Patient Visits.
Professional Work RVUs

Professional Work RVUs (wRVUs) is based on weights published by Medicare for CPT Codes representing the time it takes a physician / provider to perform a service, the related technical skill and physical effort, the required mental effort and judgment, and the stress due to the potential risk to the patient. Report relative weights for procedures where the majority of the cost is provided by the departments included in the functional rollup. This value should automatically populate after the rollup and calc process has been completed and the standard departments within the series utilize the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value for each of the departments within the series, refer to the APC and Work RVU Workbook available on the Support Page and utilize the volumes for all departments within the series.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Third Next Available Appointment

Average length of time in calendar days between the day a patient makes a request for an appointment with a physician or advanced practice provider (e.g., nurse practitioner) and the third available appointment for a new patient physical, routine exam, or consultation. This follows the recommendations of the Institute for Healthcare Improvement.

Total Abandoned Calls

Total number of calls where the caller hangs up after being placed on hold while waiting to speak to a representative during the reporting period.

This is a subset of Total Inbound Calls.

Total Bumped Appointments

The total appointments moved or changed as a result of a physician during a reporting period.

This is a subset of Patient Appointments Scheduled.

Total Inbound Calls

Total number of inbound calls to the clinic during the reporting period.

Ambulatory Services Functional Rollup Mandatory Elements

The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

G2200, Other General Clinics

This generic department includes any general ambulatory care cost centers belonging to Ambulatory Care Services that cannot be mapped to an individual Ambulatory Care Clinic department.

Other General Clinics Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVNs/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported
Nurse Visits

Total separate patient encounters supported by department staff when the patient is seen by Licensed Nursing staff (RNs, LPNs, LVNs). Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same complaint. Do not count the visit if the patient sees a physician during the same encounter, the count should represent visits where a patient is seen by Licensed Nursing Staff in place of a physician.

This is a component of Patient Visits.

Telehealth Visits

The number of telephone or online encounters for the care and treatment of a patient by a physician or other healthcare provider that occurred during the reporting period. (e.g. telephone or online evaluation and management services).

This is a component of Patient Visits.

Other General Clinics Mapping Guidelines

Do not map free-standing, physician office-based (non-facility) clinics, physician practices or medical groups to this department.

Other General Clinics Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Examination Spaces
- Patient Visits
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Other General Clinics Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Repair and Maintenance of Clinical Equipment/Roads
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
Ambulatory Care Clinic Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dental Hygienist

Hours worked by Dental Hygienist providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or standby hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Ambulatory Care Clinic Expense Elements

Dental Lab Expense
Dental Lab expense represents the cost of services provided to the clinic by a dental laboratory, whether in-house at the facility or contracted / outsourced to another vendor.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Outside Service Expense**
Outside Service expense represents non-medical services provided by independent contractors. These include such items as hazardous waste disposal, equipment rental, transcription and construction.

This is a subset of Other Direct Operating Expense.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Pharmaceuticals Expense**
Total expense for all pharmaceutical supplies.

This is a subset of Medical Supply Expense.

**Physician Provider Professional Fee Expense**
Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Purchased Blood and Blood Products Expense**
Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.
Ambulatory Care Clinic Operational Metrics

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

The total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Initial Visits

The total number of initial visits that are supported by the department. Initial visits are visits by patients who have never been seen by the department, who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site.

This is a subset of Patient Visits.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.
Ambulatory Care Clinic Normalizations

Normalizations are the inclusion and/or exclusion of hours and costs associated with specific functions required to normalize the departmental data. These normalizations should be made to ensure that your data meets the requirements for the normalized view in the comparative database.

Ambulatory Care Clinic Normalizations For All Clinics

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Medical records for Ambulatory Care Clinics (if onsite patient records)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient Procedure Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

Ambulatory Services Administration Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Ambulatory Clinics)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Ambulatory Clinics)
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

• Patient Procedure Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
Chapter 7. Cardiovascular Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

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04220, Combined Noninvasive Cardiology and Vascular Services

This department performs activities related to recording and interpreting the hearts electrical activity, activities to test the action of the heart using ultrasound waves to produce a visual display, used for the diagnosis or monitoring of heart disease, performs cardiac nuclear imaging studies, studies of peripheral vessels in the body to evaluate the status of peripheral arterial disease, cerebrovascular disease, and to provide diagnostic information for referrals for further invasive diagnostic and therapeutic interventions.
Combined Noninvasive Cardiology and Vascular Services Mapping Guidelines

If you use this combined department do not create an instance of the 04222, Electrocardiography; 04224, Echocardiography; or 04260, Vascular Laboratory.

Combined Noninvasive Cardiology and Vascular Services Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

Total number of days the department is open for operation during the week.

ECHO Machines

Number of ECHO machines in use by the department.

Echocardiography Procedures

Total number of Echocardiography procedures performed in this department. Echocardiography is a test that uses sound waves to create images of your heart, which provide information on the size, shape of the heart and how the heart’s chambers and valves are working.

This is a component of Total Procedures.

Electrocardiogram Procedures

Total number of electrocardiogram (EKG) procedures performed in this department.

This is a component of Total Procedures.

Holter Monitoring Procedures

Total number of holter monitoring procedures performed in this department.

This is a component of Total Procedures.
**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Nuclear Cardiology Imaging Procedures**

Total number of nuclear cardiology imaging procedures performed in this department.

This is a component of Total Procedures.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric and Neonate Procedures**

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

**Procedure Rooms**

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

**Revascularization Procedures**

Total number of revascularization procedures performed in the reporting period. This may include but is not limited to femoral, iliac, and popliteal artery(s).

This is a component of Total Procedures.
RVUs

Stress Test Procedures
Total number of stress test procedures performed in this department.

This is a component of Total Procedures.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Vascular Procedures
Total number of vascular procedures performed in this department.

This is a component of Total Procedures.

Combined Noninvasive Cardiology and Vascular Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.
Worked Hours: Cardiac Sonographer

Total hours worked by a cardiac sonographer who specialize in the use of ultrasonic imaging devices to examine the heart chambers, valves, and vessels.

This is a subset of Worked Hours: Staff.

Worked Hours: Electrocardiograph (EKG) Technician

Total hours worked by and electrocardiograph (EKG) technician with special training and experience in operating and maintaining electrocardiographic equipment and providing recorded data for diagnostic review.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Worked Hours: Vascular Technologist**

Total hours worked by a vascular technologist specialize in the diagnosis of disorders affecting the circulation. i.e. vascular technologists, vascular specialists or vascular sonographers.
This is a subset of Worked Hours: Staff.

**Combined Noninvasive Cardiology and Vascular Services Expense Elements**

**Labor Expense**
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**
Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Combined Noninvasive Cardiology and Vascular Services Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Echocardiography Procedures
- Electrocardiogram Procedures
- Holter Monitoring Procedures
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Nuclear Cardiology Imaging Procedures
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Pediatric and Neonate Procedures
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Stress Test Procedures
• Total Procedures
• Vascular Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Combined Noninvasive Cardiology and Vascular Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
• Contrast Media Expense
• Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)
• Post-procedure recovery for Cardiovascular studies and related procedures
• Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures
• Pre-Op Holding and Post-Procedure Recovery

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

• Marketing, e.g., promoting and advertising of Physician Practice services

• Medical records transcription (e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04222, Electrocardiography

This department performs activities related to recording and interpreting the heart's electrical activity.

Electrocardiography Mapping Guidelines

Only use this department if you have a separate and distinct cost center. If you use this department do not create an instance of the 04220, Combined Noninvasive Cardiac and Vascular Services.

Electrocardiography Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
Days of Operation per Week

Total number of days the department is open for operation during the week.

Holter Monitoring Procedures

Total number of holter monitoring procedures performed in this department.

This is a component of Total Procedures.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric and Neonate Procedures

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

Procedure Rooms

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

Stress Test Procedures

Total number of stress test procedures performed in this department.
This is a component of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Electrocardiography Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: Electrocardiograph (EKG) Technician**

Total hours worked by and electrocardiograph (EKG) technician with special training and experience in operating and maintaining electrocardiographic equipment and providing recorded data for diagnostic review.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Electrocardiography Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Electrocardiography Mandatory Elements

The following elements are mandatory for this department.

- APC Relative Weight
- Holter Monitoring Procedures
- Inpatient Procedures
- Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Pediatric and Neonate Procedures
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Stress Test Procedures
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Electrocardiography Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens

• Contrast Media Expense

• Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)

• Post-procedure recovery for Cardiovascular studies and related procedures

• Pre-Op Holding and Post-Procedure Recovery

• Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

• Marketing, e.g., promoting and advertising of Physician Practice services

• Medical records transcription (e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04224, Echocardiography

This department performs activities to test the action of the heart using ultrasound waves to produce a visual display, used for the diagnosis or monitoring of heart disease, performs cardiac nuclear imaging studies and vascular studies.

Echocardiography Mapping Guidelines

Only use this department if you have a separate and distinct cost center. If you use this department do not create an instance of the 04220, Combined Noninvasive Cardiac and Vascular Services.

Echocardiography Workload Volumes
APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

Total number of days the department is open for operation during the week.

ECHO Machines

Number of ECHO machines in use by the department.

Holter Monitoring Procedures

Total number of holter monitoring procedures performed in this department.

This is a component of Total Procedures.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Nuclear Cardiology Imaging Procedures

Total number of nuclear cardiology imaging procedures performed in this department.

This is a component of Total Procedures.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
**Pediatric and Neonate Procedures**

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

**Procedure Rooms**

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

**Stress Test Procedures**

Total number of stress test procedures performed in this department.

This is a component of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Vascular Procedures**

Total number of vascular procedures performed in this department.

This is a component of Total Procedures.

**Echocardiography Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Cardiac Sonographer

Total hours worked by a cardiac sonographer who specialize in the use of ultrasonic imaging devices to examine the heart chambers, valves, and vessels.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department’s payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Worked Hours: Vascular Technologist**

Total hours worked by a vascular technologist specialize in the diagnosis of disorders affecting the circulation. i.e. vascular technologists, vascular specialists or vascular sonographers.

This is a subset of Worked Hours: Staff.
Echocardiography Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advanced practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Echocardiography Mandatory Elements**

The following elements are mandatory for this department.

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Nuclear Cardiology Imaging Procedures
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Pediatric and Neonate Procedures
- Physician Provider Professional Fee Expense
- Procedure Rooms
- Stress Test Procedures
- Total Procedures
- Vascular Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Echocardiography Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
- Contrast Media Expense
- Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)
- Post-procedure recovery for Cardiovascular studies and related procedures
- Pre-Op Holding and Post-Procedure Recovery
- Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)
- Daily or terminal cleaning and wall washing for ancillary patient procedure areas
- Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs
- Marketing, e.g., promoting and advertising of Physician Practice services
• Medical records transcription, e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments into this department

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial oversight operations (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04230, Combined Invasive Cardiology and Vascular Services

This department performs before, during and after care of invasive, interventional, and therapeutic procedures/studies to treat cardiac and vascular arterial venous and structure heart disorders, cardiac rhythm abnormalities, implant and removal of devices and leads, and therapeutic cathartic ablations.

Combined Invasive Cardiology and Vascular Services Mapping Guidelines

If you use this department do not create an instance of the 04232, Invasive Cardiology and Vascular Laboratory without Electrophysiology, or 04250, Electrophysiology Laboratory.

Combined Invasive Cardiology and Vascular Services Workload Volumes

Ablation Procedures

Total number of ablation procedures performed in the reporting period. This may include but is not limited to atrial, node and supra ventricular ablations.

This is a component of Total Procedures.

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
Biventricular Device Procedures

Total number of biventricular device procedures performed. A biventricular device is a mechanical pump surgically implanted under the skin that takes over the function of the damaged ventricle of the heart when needed to restore normal blood flow.

This is a component of Total Procedures.

Electrophysiology Procedures

Total EP Procedures performed by the department. Electrophysiology (EP) procedures are procedures dedicated to the treatment of heart rhythm disorders. This includes procedures that evaluate diagnosis or provide therapy for the electrical conduction system of the heart.

This is a component of Total Procedures.

Electrophysiology Studies

Total number of electrophysiology studies performed in the reporting period. This may include but is not limited to comprehensive electrophysiologic evaluations and follow ups.

This is a component of Total Procedures.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

ICD Implant Procedures

Count the total number of implantable cardioverter defibrillators (ICD) implants procedures performed. ICDs are electronic devices that constantly monitor heart rate and rhythm. When an abnormal heart rate or rhythm is detected, the ICD delivers energy to the heart muscle causing the heart to regain its normal beat and rhythm.

This is a component of Total Procedures.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.
Interventional Radiology Procedures

Interventional Radiology procedures are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.

This is a component of Total Procedures.

Patient Observation Minutes

The total minutes patients are under the care of department staff for procedural preparations.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric and Neonate Procedures

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

Percutaneous Coronary Intervention (PCI) Procedures

Count all percutaneous coronary intervention (PCI) Procedures with and without balloon angioplasty. PCI procedures treat the stenotic, narrowed coronary arteries of the heart found in coronary heart disease.

This is a component of Total Procedures.

Peripheral Vascular Procedures including Carotid Work

Count the total number of peripheral vascular procedures including carotid work. Peripheral vascular procedures treat diseases of the blood vessels that cause narrowing or occlusion of arteries outside of the heart.

This is a component of Total Procedures.
Permanent Pacemaker Procedures
Count insertions or replacements of permanent pacemaker with transvenous electrode(s); include revision of pocket, lead revision, removal and insertion of pacemaker performed. A permanent pacemaker consists of a generator and leads which are usually implanted into the upper chest. The generator contains the power source and timer that regulates how often the pacemaker sends out electrical signals. The leads allow the pacemaker to monitor your heart rhythm and sends out electrical signals to make your heart beat when needed.

This is a component of Total Procedures.

Procedure Minutes
The total number of minutes from when the patient enters the procedure room to when the patient leaves the procedure room. Count the entire time that a patient spends in the procedure room for each procedure.

Procedure Rooms
The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

Recovery Minutes
The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Combined Invasive Cardiology and Vascular Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Combined Invasive Cardiology and Vascular Services Expense Elements**

**Internal Cardiac Defibrillator (ICD) Expense**

Total ICD Expense, include expenses related to the device, leads and primary accessories required to placing the device.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Pacemaker Expense

Total Pacemaker Expense.

This is a subset of Medical Supply Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Stent Expense

Total expenses for supplies related specifically to stent procedures.

This is a subset of Medical Supply Expense.

Combined Invasive Cardiology and Vascular Services Mandatory Elements

The following data elements are mandatory for this department:

- Ablation Procedures
- APC Relative Weight
- Biventricular Device Procedures
- Electrophysiology Procedures
- Electrophysiology studies
- ICD Implant Procedures
- Inpatient Procedures
- Interventional Radiology Cases
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Observation Minutes
• Pediatric and Neonate Procedures
• Percutaneous Coronary Intervention (PCI) Procedures
• Peripheral Vascular Procedures including Carotid Work
• Permanent Pacemaker Procedures
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Recovery Time
• Revascularization Procedures
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Combined Invasive Cardiology and Vascular Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
• Contrast Media Expense
• Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)

• Post-procedure recovery for Cardiovascular studies and related procedures

• Pre-Op Holding and Post-Procedure Recovery

• Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

• Marketing, e.g., promoting and advertising of Physician Practice services

• Medical records transcription (e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04232, Invasive Cardiology and Vascular Laboratory without Electrophysiology

This department performs before, during and after care of invasive, interventional, and therapeutic procedures/studies to treat cardiac and vascular arterial venous and structure heart disorders for adult and pediatric patients.
Invasive Cardiology and Vascular Laboratory without Electrophysiology Mapping Guidelines

Only use this department if you have a separate and distinct cost center. This department may perform electrophysiology procedures but should be less than 10% of the total procedures. If you use this department do not create an instance of the 04230, Combined Invasive Cardiology and Vascular Services.

Invasive Cardiology and Vascular Laboratory without Electrophysiology Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Interventional Radiology Procedures

Interventional Radiology procedures are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.

This is a component of Total Procedures.
Patient Observation Minutes

The total minutes patients are under the care of department staff for procedural preparations.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric and Neonate Procedures

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

Percutaneous Coronary Intervention (PCI) Procedures

Count all percutaneous coronary intervention (PCI) Procedures with and without balloon angioplasty. PCI procedures treat the stenotic, narrowed coronary arteries of the heart found in coronary heart disease.

This is a component of Total Procedures.

Peripheral Vascular Procedures including Carotid Work

Count the total number of peripheral vascular procedures including carotid work. Peripheral vascular procedures treat diseases of the blood vessels that cause narrowing or occlusion of arteries outside of the heart.

This is a component of Total Procedures.

Procedure Minutes

The total number of minutes from when the patient enters the procedure room to when the patient leaves the procedure room. Count the entire time that a patient spends in the procedure room for each procedure.

Procedure Rooms

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.
Recovery Minutes
The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

Revascularization Procedures
Total number of revascularization procedures performed in the reporting period. This may include but is not limited to femoral, iliac, and popliteal artery(s).

This is a component of Total Procedures.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Invasive Cardiology and Vascular Laboratory without Electrophysiology

Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Invasive Cardiology and Vascular Laboratory without Electrophysiology Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Stent Expense**

Total expenses for supplies related specifically to stent procedures.

This is a subset of Medical Supply Expense.

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**Invasive Cardiology and Vascular Laboratory without Electrophysiology**

**Mandatory Elements**
The following elements are mandatory for this department.

- APC Relative Weight
- Inpatient Procedures
- Interventional Radiology Cases
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Observation Minutes
- Pediatric and Neonate Procedures
- Percutaneous Coronary Intervention (PCI) Procedures
- Peripheral Vascular Procedures including Carotid Work
- Physician Provider Professional Fee Expense
- Procedure Rooms
- Recovery Time
- Revascularization Procedures
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

Invasive Cardiology and Vascular Laboratory without Electrophysiology Normalizations
Include the hours, costs and volumes (where applicable) associated with the following functions:

- Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
- Contrast Media Expense
- Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)
- Post-procedure recovery for Cardiovascular studies and related procedures
- Pre-Op Holding and Post-Procedure Recovery
- Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)
- Daily or terminal cleaning and wall washing for ancillary patient procedure areas
- Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs
- Marketing, e.g., promoting and advertising of Physician Practice services
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)
- Repair and Maintenance of Clinical Equipment/Rooms
04241, Cardiac Rehabilitation Services

This department performs cardiac rehabilitation services which may include but is not limited to education programs and exercise activities to inpatients and or outpatients with cardiac diseases. This department includes all phases of rehabilitation.

Cardiac Rehabilitation Services Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Cardiac Rehabilitation Individual Patient Sessions

Total discrete encounters with an individual patient (as opposed to groups), usually during Phases 1 and 2 of rehabilitation.

This is a subset of Rehabilitation Patient Sessions.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Patient Initial Visits

Total initial visits by patients (intake visit) beginning the cardiac rehabilitation regimen. This is a count of patients entering the department program during the Report Period.
This is a subset of Patient Visits.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Phase 1 Visits**

Total encounters between staff and each patient during phase 1 of a cardiac rehabilitation program. Visits are conducted one-on-one in an inpatient setting, and require monitoring during exercise activity.

This is a subset of Patient Visits.

**Phase 2 Visits**

Total encounters between staff and each patient during phase 2 of a cardiac rehabilitation program. Visits are conducted one-on-one or in a group in an outpatient setting, and require monitoring during exercise activity. For group sessions, count each group member served as a separate visit.

This is a subset of Patient Visits.

**Phase 3 Visits**

Total encounters between staff and each patient during phase 3 only of a cardiac rehabilitation program. Visits are usually conducted in groups in an outpatient setting. Include educational and exercise sessions, and sessions that require monitoring during exercise activity. For group sessions, count each group member that attends as a separate visit.

This is a subset of Patient Visits.

**Rehabilitation Patient Sessions**

Total discrete encounters with a patient, either in individual or group settings, for cardiac rehabilitation evaluation, education, or exercise. Sessions may be associated with any or all of the various phases of cardiac rehabilitation.

**Stress Test Procedures**

Total number of stress test procedures performed in this department.

This is a component of Total Procedures.
Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Cardiac Rehabilitation Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Exercise Physiologist

Total hours worked by an exercise physiologist who specialize in the study the effects of exercise on pathology, and the mechanisms by which exercise can reduce or reverse disease progression.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Therapist

Total hours worked by licensed or registered therapists.

This is a subset of Worked Hours: Staff.

Cardiac Rehabilitation Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Cardiac Rehabilitation Services Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
Non Medical Supply Expense

Other Direct Operating Expense

Paid Hours: Contract Labor

Paid Hours: Physician Provider

Paid Hours: Staff

Patient Visits

Phase 1 Visits

Phase 2 Visits

Phase 3 Visits

Physician Provider Professional Fee Expense

Stress Test Procedures

Total Procedures

Worked Hours: Physician Provider

Worked Hours: Staff

**Cardiac Rehabilitation Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)

- Medical records transcription (e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

- Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04250, Electrophysiology Laboratory

This department performs before, during and after care of invasive, interventional and therapeutic procedures/studies to treat cardiac rhythm abnormalities, implant, and removal of devices, and leads, and therapeutic cathartic ablations.

Electrophysiology Laboratory Mapping Guidelines

Only use this department if you have a separate and distinct cost center. If you use this department do not create an instance of the 04230, Combined Invasive Cardiology and Vascular Services.

Electrophysiology Laboratory Workload Volumes

Ablation Procedures

Total number of ablation procedures performed in the reporting period. This may include but is not limited to atrial, node and supra ventricular ablations.

This is a component of Total Procedures.

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Biventricular Device Procedures

Total number of biventricular device procedures performed. A biventricular device is a mechanical pump surgically implanted under the skin that takes over the function of the damaged ventricle of the heart when needed to restore normal blood flow.
This is a component of Total Procedures.

**Days of Operation per Week**
Total number of days the department is open for operation during the week.

**Electrophysiology Studies**
Total number of electrophysiology studies performed in the reporting period. This may include but is not limited to comprehensive electrophysiologic evaluations and follow ups.

This is a component of Total Procedures.

**Hours of Operation per Week**
Total number of hours the department is open for operation during the week.

**ICD Implant Procedures**
Count the total number of implantable cardioverter defibrillators (ICD) implants procedures performed. ICDs are electronic devices that constantly monitor heart rate and rhythm. When an abnormal heart rate or rhythm is detected, the ICD delivers energy to the heart muscle causing the heart to regain its normal beat and rhythm.

This is a component of Total Procedures.

**Inpatient Procedures**
Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Patient Observation Minutes**
The total minutes patients are under the care of department staff for procedural preparations.

**Patient Visits**
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
**Pediatric and Neonate Procedures**

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

**Permanent Pacemaker Procedures**

Count insertions or replacements of permanent pacemaker with transvenous electrode(s); include revision of pocket, lead revision, removal and insertion of pacemaker performed. A permanent pacemaker consists of a generator and leads which are usually implanted into the upper chest. The generator contains the power source and timer that regulates how often the pacemaker sends out electrical signals. The leads allow the pacemaker to monitor your heart rhythm and sends out electrical signals to make your heart beat when needed.

This is a component of Total Procedures.

**Procedure Minutes**

The total number of minutes from when the patient enters the procedure room to when the patient leaves the procedure room. Count the entire time that a patient spends in the procedure room for each procedure.

**Procedure Rooms**

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Electrophysiology Laboratory Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners, and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department’s payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Technician

Total hours worked by technicians in the department. A technician generally holds a two-year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

Worked Hours: Technologist

Total hours worked by registered technologists. Technologists hold a four-year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.
Electrophysiology Laboratory Expense Elements

Internal Cardiac Defibrillator (ICD) Expense

Total ICD Expense, include expenses related to the device, leads and primary accessories required to placing the device.

This is a subset of Medical Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Pacemaker Expense**

Total Pacemaker Expense.

This is a subset of Medical Supply Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Electrophysiology Laboratory Mandatory Elements**

The following data elements are mandatory for this department:

- Worked Hours: Therapist
- APC Relative Weight
- Biventricular Device Procedures
- Electrophysiology studies
- ICD Implant Procedures
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Observation Minutes
• Pediatric and Neonate Procedures
• Permanent Pacemaker Procedures
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Recovery Time
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Electrophysiology Laboratory Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
• Contrast Media Expense
• Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)
• Post-procedure recovery for Cardiovascular studies and related procedures
• Pre-Op Holding and Post-Procedure Recovery
• Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)
• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

• Marketing, e.g., promoting and advertising of Physician Practice services

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04260, Peripheral Vascular Lab

This department performs studies of vessels in the body to evaluate the status of peripheral arterial disease, cerebrovascular disease, and to provide diagnostic information for referrals for further invasive diagnostic and therapeutic interventions.

Vascular Laboratory Mapping Guidelines

Only use this department if you have a separate and distinct cost center. If you use this department do not create an instance of the 04220, Combined Noninvasive Cardiac and Vascular Services.

Vascular Laboratory Workload Volumes
**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric and Neonate Procedures**

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

**Procedure Rooms**

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.
Total Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Vascular Laboratory Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Cardiac Sonographer

Total hours worked by a cardiac sonographer who specialize in the use of ultrasonic imaging devices to examine the heart chambers, valves, and vessels.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Technologist

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

Worked Hours: Vascular Technologist

Total hours worked by a vascular technologist specialize in the diagnosis of disorders affecting the circulation. i.e. vascular technologists, vascular specialists or vascular sonographers.

This is a subset of Worked Hours: Staff.

Vascular Laboratory Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Vascular Laboratory Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Pediatric and Neonate Procedures
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

Vascular Laboratory Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
• Contrast Media Expense
• Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)
• Post-procedure recovery for Cardiovascular studies and related procedures
• Pre-Op Holding and Post-Procedure Recovery
• Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

• Marketing, e.g., promoting and advertising of Physician Practice services

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

04299, Cardiology and Vascular Administration and Support Services

This department performs the overall administrative and general support tasks for the entire Cardiology and Vascular Services series. These tasks and functions include, but are not limited to, administrative management, inclusive of secretarial and clerical staff, inventory management functions, outreach, residency programs, research programs, and the associated management of these support activities.

Cardiology and Vascular Administration and Support Services Workload Volumes

APC Relative Weight Supported

The APC Relative Weight Supported is based on the weights published by The Centers for Medicare & Medicaid Services (CMS). Report relative weights for procedures supported by the department. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the APC weights for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.
Patient Visits Supported

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Total Procedures Supported

Count all procedures that are supported by the department for the reporting period. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the total procedures for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

Cardiology and Vascular Administration and Support Services Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department’s payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Cardiology and Vascular Administration and Support Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non-stocked patient medical supplies. Include all non-capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Cardiology and Vascular Administration and Support Services Mandatory Elements

The following elements are mandatory for this department.

- APC Relative Weight Supported
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures Supported
- Worked Hours: Physician Provider
- Worked Hours: Staff
Cardiology and Vascular Administration and Support Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

- Marketing, e.g., promoting and advertising of Physician Practice services

- Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

- Personnel performing the functions of the department’s day to day managerial operations (Cardiology and Vascular)

F4200, Cardiovascular Functional Rollup

This rollup department includes all Cardiology and Vascular Services Series functions: administrative and support, noninvasive, invasive, and cardiac rehabilitation functions regardless of facilities internal reporting relationships.

Cardiology and Vascular Services Functional Rollup Mapping Guidelines

This functional rollup department will automatically be created based on the standard department mapping with the series.

Cardiology and Vascular Services Functional Rollup Workload Volumes
Ablation Procedures

Total number of ablation procedures performed in the reporting period. This may include but is not limited to atrial, node and supra ventricular ablations.

This is a component of Total Procedures.

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Biventricular Device Procedures

Total number of biventricular device procedures performed. A biventricular device is a mechanical pump surgically implanted under the skin that takes over the function of the damaged ventricle of the heart when needed to restore normal blood flow.

This is a component of Total Procedures.

Cardiac Rehabilitation Individual Patient Sessions

Total discrete encounters with an individual patient (as opposed to groups), usually during Phases 1 and 2 of rehabilitation.

This is a subset of Rehabilitation Patient Sessions.

Days of Operation per Week

Total number of days the department is open for operation during the week.

ECHO Machines

Number of ECHO machines in use by the department.

Echocardiography Procedures

Total number of Echocardiography procedures performed in this department. Echocardiography is a test that uses sound waves to create images of your heart, which provide information on the size, shape of the heart and how the heart’s chambers and valves are working.

This is a component of Total Procedures.
Electrocardiogram Procedures
Total number of electrocardiogram (EKG) procedures performed in this department.
This is a component of Total Procedures.

Electrophysiology Procedures
Total EP Procedures performed by the department. Electrophysiology (EP) procedures are procedures dedicated to the treatment of heart rhythm disorders. This includes procedures that evaluate diagnosis or provide therapy for the electrical conduction system of the heart.
This is a component of Total Procedures.

Electrophysiology Studies
Total number of electrophysiology studies performed in the reporting period. This may include but is not limited to comprehensive electrophysiologic evaluations and follow ups.
This is a component of Total Procedures.

Holter Monitoring Procedures
Total number of holter monitoring procedures performed in this department.
This is a component of Total Procedures.

Hours of Operation per Week
Total number of hours the department is open for operation during the week.

ICD Implant Procedures
Count the total number of implantable cardioverter defibrillators (ICD) implants procedures performed. ICDs are electronic devices that constantly monitor heart rate and rhythm. When an abnormal heart rate or rhythm is detected, the ICD delivers energy to the heart muscle causing the heart to regain its normal beat and rhythm.
This is a component of Total Procedures.
**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should automatically populate after the rollup and calc process has been completed and the standard departments within the series utilize the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value for each of the departments within the series, refer to the APC and Work RVU Workbook available on the Support Page and utilize the volumes for all departments within the series.

This is a subset of Total Procedures.

**Interventional Radiology Procedures**

Interventional Radiology procedures are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.

This is a component of Total Procedures.

**Nuclear Cardiology Imaging Procedures**

Total number of nuclear cardiology imaging procedures performed in this department.

This is a component of Total Procedures.

**Patient Initial Visits**

Total initial visits by patients (intake visit) beginning the cardiac rehabilitation regimen. This is a count of patients entering the department program during the report period.

This is a component of Total Patient Visits.

**Patient Observation Minutes**

The total minutes patients are under the care of department staff for procedural preparations.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric and Neonate Procedures**

Total pediatric/neonate procedures performed on patients under the age of 18.
This is a component of Total Procedures.

**Percutaneous Coronary Intervention (PCI) Procedures**

Count all percutaneous coronary intervention (PCI) Procedures with and without balloon angioplasty. PCI procedures treat the stenotic, narrowed coronary arteries of the heart found in coronary heart disease.

This is a component of Total Procedures.

**Peripheral Vascular Procedures including Carotid Work**

Count the total number of peripheral vascular procedures including carotid work. Peripheral vascular procedures treat diseases of the blood vessels that cause narrowing or occlusion of arteries outside of the heart.

This is a component of Total Procedures.

**Permanent Pacemaker Procedures**

Count insertions or replacements of permanent pacemaker with transvenous electrode(s); include revision of pocket, lead revision, removal and insertion of pacemaker performed. A permanent pacemaker consists of a generator and leads which are usually implanted into the upper chest. The generator contains the power source and timer that regulates how often the pacemaker sends out electrical signals. The leads allow the pacemaker to monitor your heart rhythm and sends out electrical signals to make your heart beat when needed.

This is a component of Total Procedures.

**Phase 1 Visits**

Total encounters between staff and each patient during phase 1 of a cardiac rehabilitation program. Visits are conducted one-on-one in an inpatient setting, and require monitoring during exercise activity.

This is a subset of Patient Visits.

**Phase 2 Visits**

Total encounters between staff and each patient during phase 2 of a cardiac rehabilitation program. Visits are conducted one-on-one or in a group in an outpatient setting, and require monitoring during exercise activity. For group sessions, count each group member served as a separate visit.

This is a subset of Patient Visits.
Phase 3 Visits
Total encounters between staff and each patient during phase 3 only of a cardiac rehabilitation program. Visits are usually conducted in groups in an outpatient setting. Include educational and exercise sessions, and sessions that require monitoring during exercise activity. For group sessions, count each group member that attends as a separate visit.

This is a subset of Patient Visits.

Procedure Minutes
The total number of minutes from when the patient enters the procedure room to when the patient leaves the procedure room. Count the entire time that a patient spends in the procedure room for each procedure.

Procedure Rooms
The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

Recovery Minutes
The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

Rehabilitation Patient Sessions
Total discrete encounters with a patient, either in individual or group settings, for cardiac rehabilitation evaluation, education, or exercise. Sessions may be associated with any or all of the various phases of cardiac rehabilitation.

Revascularization Procedures
Total number of revascularization procedures performed in the reporting period. This may include but is not limited to femoral, iliac, and popliteal artery(s).

This is a component of Total Procedures.

Stress Test Procedures
Total number of stress test procedures performed in this department.

This is a component of Total Procedures.
Vascular Procedures
Total number of vascular procedures performed in this department.
This is a component of Total Procedures.

Cardiology and Vascular Services Functional Rollup Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Cardiac Sonographer
Total hours worked by a cardiac sonographer who specialize in the use of ultrasonic imaging devices to examine the heart chambers, valves, and vessels.

This is a subset of Worked Hours: Staff.

Worked Hours: Electrocardiograph (EKG) Technician
Total hours worked by and electrocardiograph (EKG) technician with special training and experience in operating and maintaining electrocardiographic equipment and providing recorded data for diagnostic review.

This is a subset of Worked Hours: Staff.
**Worked Hours: Exercise Physiologist**

Total hours worked by an exercise physiologist who specialize in the study the effects of exercise on pathology, and the mechanisms by which exercise can reduce or reverse disease progression.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.
Worked Hours: Respiratory Therapist

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Technician

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

Worked Hours: Technologist

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

Worked Hours: Therapist

Total hours worked by licensed or registered therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: Vascular Technologist

Total hours worked by a vascular technologist specialize in the diagnosis of disorders affecting the circulation. i.e. vascular technologists, vascular specialists or vascular sonographers.

This is a subset of Worked Hours: Staff.

Cardiology and Vascular Services Functional Rollup Expense Elements
Internal Cardiac Defibrillator (ICD) Expense

Total ICD Expense, include expenses related to the device, leads and primary accessories required to placing the device.

This is a subset of Medical Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Pacemaker Expense**

Total Pacemaker Expense.

This is a subset of Medical Supply Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Stent Expense**

Total expenses for supplies related specifically to stent procedures.

This is a subset of Medical Supply Expense.

**Cardiology and Vascular Services Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Ablation Procedures
- APC Relative Weight
- Biventricular Device Procedures
• Echocardiography Procedures
• Electrocardiogram Procedures
• Electrophysiology Procedures
• Electrophysiology studies
• Holter Monitoring Procedures
• ICD Implant Procedures
• Inpatient Procedures
• Interventional Radiology Cases
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Nuclear Cardiology Imaging Procedures
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Observation Minutes
• Patient Visits
• Pediatric and Neonate Procedures
• Percutaneous Coronary Intervention (PCI) Procedures
• Peripheral Vascular Procedures including Carotid Work
• Permanent Pacemaker Procedures
• Phase 1 Visits
• Phase 2 Visits
• Phase 3 Visits
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Recovery Time
• Revascularization Procedures
• Stress Test Procedures
• Total Procedures
• Vascular Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

G4200, Other Cardiology and Vascular Services

This generic department includes all cost centers belonging to cardiology and vascular services series that cannot be mapped to an individual cardiology and vascular services department.

Other Cardiology and Vascular Services Mapping Guidelines

Departments utilizing this standard generic department will not be represented on a report but will be included in the Cardiology and Vascular Services Functional Rollup.

Other Cardiology and Vascular Services Workload Volumes

Ablation Procedures

Total number of ablation procedures performed in the reporting period. This may include but is not limited to atrial, node and supra ventricular ablations.

This is a component of Total Procedures.
APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Biventricular Device Procedures

Total number of biventricular device procedures performed. A biventricular device is a mechanical pump surgically implanted under the skin that takes over the function of the damaged ventricle of the heart when needed to restore normal blood flow.

This is a component of Total Procedures.

Cardiac Rehabilitation Individual Patient Sessions

Total discrete encounters with an individual patient (as opposed to groups), usually during Phases 1 and 2 of rehabilitation.

This is a subset of Rehabilitation Patient Sessions.

Days of Operation per Week

Total number of days the department is open for operation during the week.

ECHO Machines

Number of ECHO machines in use by the department.

Echocardiography Procedures

Total number of Echocardiography procedures performed in this department. Echocardiography is a test that uses sound waves to create images of your heart, which provide information on the size, shape of the heart and how the heart’s chambers and valves are working.

This is a component of Total Procedures.

Electrocardiogram Procedures

Total number of electrocardiogram (EKG) procedures performed in this department.

This is a component of Total Procedures.
Electrophysiology Procedures

Total EP Procedures performed by the department. Electrophysiology (EP) procedures are procedures dedicated to the treatment of heart rhythm disorders. This includes procedures that evaluate diagnosis or provide therapy for the electrical conduction system of the heart.

This is a component of Total Procedures.

Electrophysiology Studies

Total number of electrophysiology studies performed in the reporting period. This may include but is not limited to comprehensive electrophysiologic evaluations and follow ups.

This is a component of Total Procedures.

Holter Monitoring Procedures

Total number of holter monitoring procedures performed in this department.

This is a component of Total Procedures.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

ICD Implant Procedures

Count the total number of implantable cardioverter defibrillators (ICD) implants procedures performed. ICDs are electronic devices that constantly monitor heart rate and rhythm. When an abnormal heart rate or rhythm is detected, the ICD delivers energy to the heart muscle causing the heart to regain its normal beat and rhythm.

This is a component of Total Procedures.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.
Interventional Radiology Procedures
Interventional Radiology procedures are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.

This is a component of Total Procedures.

Nuclear Cardiology Imaging Procedures
Total number of nuclear cardiology imaging procedures performed in this department.

This is a component of Total Procedures.

Patient Initial Visits
Total initial visits by patients (intake visit) beginning the cardiac rehabilitation regimen. This is a count of patients entering the department program during the report period.

This is a component of Total Patient Visits.

Patient Observation Minutes
The total minutes patients are under the care of department staff for procedural preparations.

Patient Visits
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric and Neonate Procedures
Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

Percutaneous Coronary Intervention (PCI) Procedures
Count all percutaneous coronary intervention (PCI) Procedures with and without balloon angioplasty. PCI procedures treat the stenotic, narrowed coronary arteries of the heart found in coronary heart disease.

This is a component of Total Procedures.
Peripheral Vascular Procedures including Carotid Work

Count the total number of peripheral vascular procedures including carotid work. Peripheral vascular procedures treat diseases of the blood vessels that cause narrowing or occlusion of arteries outside of the heart.

This is a component of Total Procedures.

Permanent Pacemaker Procedures

Count insertions or replacements of permanent pacemaker with transvenous electrode(s); include revision of pocket, lead revision, removal and insertion of pacemaker performed. A permanent pacemaker consists of a generator and leads which are usually implanted into the upper chest. The generator contains the power source and timer that regulates how often the pacemaker sends out electrical signals. The leads allow the pacemaker to monitor your heart rhythm and sends out electrical signals to make your heart beat when needed.

This is a component of Total Procedures.

Phase 1 Visits

Total encounters between staff and each patient during phase 1 of a cardiac rehabilitation program. Visits are conducted one-on-one in an inpatient setting, and require monitoring during exercise activity.

This is a component of Total Patient Visits.

Phase 2 Visits

Total encounters between staff and each patient during phase 2 of a cardiac rehabilitation program. Visits are conducted one-on-one or in a group in an outpatient setting, and require monitoring during exercise activity. For group sessions, count each group member served as a separate visit.

This is a component of Total Patient Visits.

Phase 3 Visits

Total encounters between staff and each patient during phase 3 only of a cardiac rehabilitation program. Visits are usually conducted in groups in an outpatient setting. Include educational and exercise sessions, and sessions that require monitoring during exercise activity. For group sessions, count each group member that attends as a separate visit.

This is a subset of Patient Visits.

Procedure Minutes

The total number of minutes from when the patient enters the procedure room to when the patient leaves the procedure room. Count the entire time that a patient spends in the procedure room for each procedure.
**Procedure Rooms**

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Rehabilitation Patient Sessions**

Total discrete encounters with a patient, either in individual or group settings, for cardiac rehabilitation evaluation, education, or exercise. Sessions may be associated with any or all of the various phases of cardiac rehabilitation.

**Revascularization Procedures**

Total number of revascularization procedures performed in the reporting period. This may include but is not limited to femoral, iliac, and popliteal artery(s).

This is a component of Total Procedures.

**Stress Test Procedures**

Total number of stress test procedures performed in this department.

This is a component of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Vascular Procedures**

Total number of vascular procedures performed in this department.

This is a component of Total Procedures.

**Other Cardiology and Vascular Services Department Hours Elements**
Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Cardiac Sonographer
Total hours worked by a cardiac sonographer who specialize in the use of ultrasonic imaging devices to examine the heart chambers, valves, and vessels.

This is a subset of Worked Hours: Staff.

Worked Hours: Electrocardiograph (EKG) Technician
Total hours worked by and electrocardiograph (EKG) technician with special training and experience in operating and maintaining electrocardiographic equipment and providing recorded data for diagnostic review.

This is a subset of Worked Hours: Staff.

Worked Hours: Exercise Physiologist
Total hours worked by an exercise physiologist who specialize in the study the effects of exercise on pathology, and the mechanisms by which exercise can reduce or reverse disease progression.

This is a subset of Worked Hours: Staff.
Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider
Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: Respiratory Therapist
Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.
**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapist**

Total hours worked by licensed or registered therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Vascular Technologist**

Total hours worked by a vascular technologist specialize in the diagnosis of disorders affecting the circulation. i.e. vascular technologists, vascular specialists or vascular sonographers.

This is a subset of Worked Hours: Staff.

**Other Cardiology and Vascular Services Expense Elements**

**Internal Cardiac Defibrillator (ICD) Expense**

Total ICD Expense, include expenses related to the device, leads and primary accessories required to placing the device.
This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Pacemaker Expense

Total Pacemaker Expense.

This is a subset of Medical Supply Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Stent Expense

Total expenses for supplies related specifically to stent procedures.

This is a subset of Medical Supply Expense.

Other Cardiology and Vascular Services Mandatory Elements

The following data elements are mandatory for this department:

- Ablation Procedures
- APC Relative Weight
- Biventricular Device Procedures
- Echocardiography Procedures
- Electrocardiogram Procedures
• Electrophysiology Procedures
• Electrophysiology studies
• Holter Monitoring Procedures
• ICD Implant Procedures
• Inpatient Procedures
• Interventional Radiology Cases
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Nuclear Cardiology Imaging Procedures
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Observation Minutes
• Patient Visits
• Pediatric and Neonate Procedures
• Percutaneous Coronary Intervention (PCI) Procedures
• Peripheral Vascular Procedures including Carotid Work
• Permanent Pacemaker Procedures
• Phase 1 Visits
• Phase 2 Visits
• Phase 3 Visits
• Physician Provider Professional Fee Expense
• Procedure Rooms
• Recovery Time
• Revascularization Procedures
• Stress Test Procedures
• Total Procedures
• Vascular Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

Other Cardiology and Vascular Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions: the hours and costs associated with the following function:

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
• Contrast Media Expense
• Personnel performing the functions of the department's day to day managerial operations (Cardiology and Vascular)
• Post-procedure recovery for Cardiovascular studies and related procedures
• Pre-Op Holding and Post-Procedure Recovery
• Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Cardiology)
• Daily or terminal cleaning and wall washing for ancillary patient procedure areas
• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs
• Marketing, e.g., promoting and advertising of Physician Practice services

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Cardiology and Vascular)

• Repair and Maintenance of Clinical Equipment/Rooms

**I4220, Noninvasive Cardiology and Vascular Services Intermediate Rollup**

This department is a rollup of the Noninvasive Cardiology and Vascular Services which includes: 04220, Combined Noninvasive Cardiology and Vascular Services, 04222, Electrocardiography; 04224, Echocardiography; and 04260, Vascular Laboratory to provide appropriate sample sizes for comparative analysis based on the these services regardless of mapping structure.

**Noninvasive Cardiology and Vascular Services Intermediate Rollup Mapping Guidelines**

This intermediate rollup department will automatically be created based on the standard department mapping within the series.

**Noninvasive Cardiology and Vascular Services Intermediate Rollup Workload Volumes**

**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
Days of Operation per Week

Total number of days the department is open for operation during the week.

ECHO Machines

Number of ECHO machines in use by the department.

Echocardiography Procedures

Total number of Echocardiography procedures performed in this department. Echocardiography is a test that uses sound waves to create images of your heart, which provide information on the size, shape of the heart and how the heart’s chambers and valves are working.

This is a component of Total Procedures.

Electrocardiogram Procedures

Total number of electrocardiogram (EKG) procedures performed in this department.

This is a component of Total Procedures.

Holter Monitoring Procedures

Total number of holter monitoring procedures performed in this department.

This is a component of Total Procedures.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Nuclear Cardiology Imaging Procedures

Total number of nuclear cardiology imaging procedures performed in this department.

This is a component of Total Procedures.
Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric and Neonate Procedures

Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

Procedure Rooms

The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.

Stress Test Procedures

Total number of stress test procedures performed in this department.

This is a component of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Vascular Procedures

Total number of vascular procedures performed in this department.

This is a component of Total Procedures.

Noninvasive Cardiology and Vascular Services Intermediate Rollup

Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: Cardiac Sonographer**

Total hours worked by a cardiac sonographer who specialize in the use of ultrasonic imaging devices to examine the heart chambers, valves, and vessels.

This is a subset of Worked Hours: Staff.

**Worked Hours: Electrocardiograph (EKG) Technician**

Total hours worked by and electrocardiograph (EKG) technician with special training and experience in operating and maintaining electrocardiographic equipment and providing recorded data for diagnostic review.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department’s payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Worked Hours: Vascular Technologist**

Total hours worked by a vascular technologist specialize in the diagnosis of disorders affecting the circulation. i.e. vascular technologists, vascular specialists or vascular sonographers.

This is a subset of Worked Hours: Staff.

**Noninvasive Cardiology and Vascular Services Intermediate Rollup Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Noninvasive Cardiology and Vascular Services Intermediate Rollup Mandatory Elements

The following elements are mandatory for this department.

- APC Relative Weight
- Echocardiography Procedures
- Electrocardiogram Procedures
- Holter Monitoring Procedures
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Nuclear Cardiology Imaging Procedures
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Pediatric and Neonate Procedures
- Physician Provider Professional Fee Expense
- Procedure Rooms
- Stress Test Procedures
- Total Procedures
- Vascular Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

I4230, Invasive Cardiology and Vascular Services Intermediate Rollup

This department is a rollup of the Invasive Cardiology and Vascular Services which includes: 04230, Combined Invasive Cardiology and Vascular Services; 04232, Invasive Cardiology and Vascular Laboratory without Electrophysiology; 04250, Electrophysiology Laboratory to provide appropriate sample sizes for comparative analysis based on the these services regardless of mapping structure.
Invasive Cardiology and Vascular Services Intermediate Rollup Mapping Guidelines

This intermediate rollup department will automatically be created based on the standard department mapping within the series.

Invasive Cardiology and Vascular Services Intermediate Rollup Workload Volumes

Ablation Procedures

Total number of ablation procedures performed in the reporting period. This may include but is not limited to atrial, node and supra ventricular ablations.

This is a component of Total Procedures.

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Biventricular Device Procedures

Total number of biventricular device procedures performed. A biventricular device is a mechanical pump surgically implanted under the skin that takes over the function of the damaged ventricle of the heart when needed to restore normal blood flow.

This is a component of Total Procedures.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Electrophysiology Procedures

Total EP Procedures performed by the department. Electrophysiology (EP) procedures are procedures dedicated to the treatment of heart rhythm disorders. This includes procedures that evaluate diagnosis or provide therapy for the electrical conduction system of the heart.

This is a component of Total Procedures.
Electrophysiology Studies

Total number of electrophysiology studies performed in the reporting period. This may include but is not limited to comprehensive electrophysiologic evaluations and follow ups.

This is a component of Total Procedures.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

ICD Implant Procedures

Count the total number of implantable cardioverter defibrillators (ICD) implants procedures performed. ICDs are electronic devices that constantly monitor heart rate and rhythm. When an abnormal heart rate or rhythm is detected, the ICD delivers energy to the heart muscle causing the heart to regain its normal beat and rhythm.

This is a component of Total Procedures.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Interventional Radiology Procedures

Interventional Radiology procedures are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.

This is a component of Total Procedures.

Patient Observation Minutes

The total minutes patients are under the care of department staff for procedural preparations.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
Pediatric and Neonate Procedures
Total pediatric/neonate procedures performed on patients under the age of 18.

This is a component of Total Procedures.

Percutaneous Coronary Intervention (PCI) Procedures
Count all percutaneous coronary intervention (PCI) Procedures with and without balloon angioplasty. PCI procedures treat the stenotic, narrowed coronary arteries of the heart found in coronary heart disease.

This is a component of Total Procedures.

Peripheral Vascular Procedures including Carotid Work
Count the total number of peripheral vascular procedures including carotid work. Peripheral vascular procedures treat diseases of the blood vessels that cause narrowing or occlusion of arteries outside of the heart.

This is a component of Total Procedures.

Permanent Pacemaker Procedures
Count insertions or replacements of permanent pacemaker with transvenous electrode(s); include revision of pocket, lead revision, removal and insertion of pacemaker performed. A permanent pacemaker consists of a generator and leads which are usually implanted into the upper chest. The generator contains the power source and timer that regulates how often the pacemaker sends out electrical signals. The leads allow the pacemaker to monitor your heart rhythm and sends out electrical signals to make your heart beat when needed.

This is a component of Total Procedures.

Procedure Minutes
The total number of minutes from when the patient enters the procedure room to when the patient leaves the procedure room. Count the entire time that a patient spends in the procedure room for each procedure.

Procedure Rooms
The total discrete procedure rooms designed and equipped for invasive and noninvasive testing used by department staff. Exclude patient holding rooms. Procedure rooms are usually distinct from examination rooms. This can be expressed as a fractional number if shared with another modality.
Recovery Minutes

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

Revascularization Procedures

Total number of revascularization procedures performed in the reporting period. This may include but is not limited to femoral, iliac, and popliteal artery(s).

This is a component of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Invasive Cardiology and Vascular Services Intermediate Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Total hours worked by registered technologists. Technologists hold a four year university degree and have been certified by a national credentialing agency.

This is a subset of Worked Hours: Staff.

**Invasive Cardiology and Vascular Services  Intermediate Rollup Expense Elements**

**Internal Cardiac Defibrillator (ICD) Expense**

Total ICD Expense, include expenses related to the device, leads and primary accessories required to placing the device.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Pacemaker Expense**

Total Pacemaker Expense.

This is a subset of Medical Supply Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Stent Expense

Total expenses for supplies related specifically to stent procedures.

This is a subset of Medical Supply Expense.

Invasive Cardiology and Vascular Services Intermediate Rollup Mandatory Elements

The following elements are mandatory for this department:

- Ablation Procedures
- APC Relative Weight
- Biventricular Device Procedures
- Electrophysiology Procedures
- Electrophysiology studies
- ICD Implant Procedures
- Inpatient Procedures
- Interventional Radiology Cases
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
Cardiology and Vascular Services Series Worksheets

Use the following worksheets for this department. These worksheets can be found on the Support tab of ActionOI.

- APC and Work RVU Worksheet
- Cardiovascular Procedure Subset Worksheet
Chapter 8. Clinical Resource Management Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 05810, Social Work 354
- 05820, Utilization Management 362
- 05825, Quality Management 368
- 05830, Case Management / Utilization Management 374
- 05840, Case Management 383
- 05850, Clinical Resource Management 391
- 05860, Case Management/Social Work 403
- G5800, Other Clinical Resource Management Services 413

05810, Social Work

This department provides screening and case finding for at-risk patients, psychosocial assessments, patient or family counseling, financial arrangement assistance, community information services, referrals to other resources, therapeutic services planning and discharge planning.

Social Work Mapping Guidelines

If your cost center(s) performs case management, utilization management, or quality management functions, this department might not be an appropriate choice. Other options might include the 05840, Case Management department or the 05850, Clinical Resource Management department.
Social Work Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Community Outreach Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individuals who are not patients but members of the community or an outreach program. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Home Health Referrals

The total referrals of social work patients to home health agencies. Home health refers to the arrangement of home visits by nurses, home health aides, or other caregivers. Durable medical equipment referrals should not be included in this subset but should be included in the overall category of Referrals.

This is a subset of Referrals.

Inpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual inpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Outpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual outpatients. Count all face-to-face interactions as well as phone encounters.
Psychiatric Cases

Total number of psychiatric patients (including inpatient, outpatient, and partial hospitalization) classified as social work cases according to the definitions above.

This is a component of Social Work Cases.

Referrals

The total individual patient referrals that social work made to the following services: home health, durable medical equipment (DME), dialysis, skilled nursing facility (SNF), rehab services, and medical transport. One case may have more than one referral. For example, a patient receiving both home health visit referrals and medical transport to the home would count as two referrals but only one case. Referrals of outpatients also qualify. To qualify, referrals must involve direct contact between the department and the agency or organization to which the patient is being referred.

Rehabilitation Cases

The total number of acute rehabilitation patients classified as social work cases according to the definitions above. Rehabilitation cases refer to patients receiving care in an inpatient rehabilitation facility or inpatient rehabilitation unit. Patients include those having experienced stroke, head or spinal cord trauma, muscular skeletal injury, or other forms of physical disability.

This is a component of Social Work Cases.

Skilled Nursing Facility Referrals

The total referrals of social work patients to skilled nursing facilities (SNF). Skilled nursing refers to convalescent care or restorative services of post-acute or post-sub-acute patients.

This is a subset of Referrals.

Social Work Cases

The total patients receiving social work services and meeting one of the definitions below for inpatient, non-emergency outpatient (including partial hospitalization), or emergency cases. Include screening cases or assessment cases only if they involve direct patient contact. This refers to all patients who have had at least one contact with Social Work Services during the reporting period. The contact may be in person, by mail, via telephone, or through another person on behalf of the patient. For minimum contact time requirements refer to the detailed subset definitions in this section. This count is the total of the following subsets: Social Work Inpatient Cases (including Sub-Acute Cases and Partial Hospitalization Cases), Social Work (Non-Emergent) Outpatient Cases, and Social Work Emergency Cases.
Social Work Emergency Cases

The total Emergency department patient visits receiving one or more social service encounter. This count consists of all patients who receive social work services in the Emergency department. If the patient is subsequently admitted, the patient may also generate a count under the category of Social Work Inpatient Cases if criteria for that count (as described above) is met. Exclude normal newborns from case count.

This is a subset of Social Work Cases.

Social Work Inpatient Cases

The total inpatients receiving social work services. Each relevant admission should generate only one case count unless length of stay is greater than one month. This count is the total number of inpatients receiving social work services directly or via contact with family, significant other, or an agency on behalf of the patient. Discussion of a patient during rounds and paper screens do not constitute a case and should not be included in the count. Patients transferred between acute inpatient units are only counted once per reporting period unless they are discharged and readmitted. Cases in which more than one social worker is involved are counted only as one case. Supporting documentation is required, and there is a 10-minute minimum contact time limit. The reporting period is one month. Some patients may be counted more than once during an admission if they remain in the hospital longer than a month or if they are admitted one month and discharged the next. A patient is counted one time during a calendar month if they are receiving active and ongoing social work involvement.

Example  A patient is admitted to the ICU on January 15th after an automobile accident. Social Work intervention is requested, and Social Work staff begin working with the patient's family on January 16th. The Social Work staff work with the patient or family every day. The patient remains in the ICU until February 3, at which time he or she is transferred to 4 North - Med/Surg. The patient is ultimately discharged from this unit on February 18th. The patient provides a case count of two. One case is counted for the month of January and one for the month of February. The fact that the patient was on two different units during the month of February does not affect the count.

This is a subset of Social Work Cases.

Social Work Non Emergent Outpatient Cases

The total face-to-face encounters with outpatients as well as services provided to outpatients by telephone. For telephone services, count each month of service as one case. This count consists of the following components: patients receiving face-to-face services, patients receiving care management services, and partial hospitalization cases.

This is a subset of Social Work Cases.

Social Work Sub Acute Cases

The total patients receiving sub-acute care or post-acute restorative services as well as social work services. This count consists of all patients who receive social work services in a skilled nursing facility or separate sub-acute unit. These patients usually require a higher intensity of social work services due to their discharge planning needs.

This is a subset of Social Work Inpatient Cases.
Substance Abuse Cases
Total number of patients whose primary concern is substance abuse (including inpatient, outpatient and partial hospitalization) and who are classified as social work cases according to the definition above. A patient admitted for a total hip replacement and discovered to be suffering from alcoholism would not qualify.

This is a component of Social Work Cases.

Total Assessment Hours
Total number of hours conducting patient assessments by department staff in the reporting period.

Total Encounters
Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.

Social Work Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Care Coordinator Technician
Total hours worked by care coordinator technicians who place phone calls to payers and arrange discharge services, etc.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Social Work Aides And Technicians

Total hours worked by social work aides and technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Social Worker

Total hours worked by masters and bachelor degreed social workers or individuals performing in this capacity. Do not include social workers acting as case managers; rather include them in the category Worked Hours: Case Manager.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Social Work Expense Elements

Contract Service Expense

Total expense for services provided by outside contractors (e.g. auditors).
This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Professional Fee Expense**

Total expense for professional fees.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Social Work Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
• Social Work Cases

• Social Work Inpatient Cases

• Worked Hours: Staff

**Social Work Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Discharge Planning, e.g., activities to facilitate patient's movement from one health care setting to another, or home

• Hospital Discharge Planning Nurse

• Social Workers

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data

• Grant or research funded services

• Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)

• Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).

• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents

• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes

• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence

• Utilization Review services
05820, Utilization Management

This department performs prospective, concurrent, and retrospective reviews of patient admissions and emergency patients to determine appropriate service utilization with payers. This department also performs appeal response concerning clinical denials with payers. Discharge planning is not included.

Utilization Management Mapping Guidelines

If your cost center(s) performs discharge planning or quality management functions, this department might not be an appropriate choice. Other options might include the 05840, Case Management department or the 05850, Clinical Resource Management department.

Utilization Management Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Ambulatory Surgery Cases Tracked By Utilization Review

The total ambulatory surgery cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one ambulatory surgery episode during the reporting period would count as more than one case. With regard to ambulatory cases, count ongoing cases under care management, each month of care management counts as one case.

This is a subset of Cases Tracked by Utilization Review.

Cases Tracked by Utilization Review

The total cases tracked for utilization review intervention by Utilization Management staff. Count each patient episode as one case even if utilization reviews are performed in different settings such as pre-admission, inpatient, or a skilled nursing facility. A patient who experiences more than one admission during the reporting period would count as more than one case. Count skilled nursing cases separately only if they represent admission to a separate skilled nursing facility.

Days Reimbursed At A Skilled Rate

Total inpatient days where care was provided at an acute level but payment was received at only a skilled level.
Emergency Department Cases Tracked By Utilization Review

The total emergency department cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one ER episode during the reporting period would count as more than one case. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Tracked by Utilization Review).

This is a subset of Cases Tracked by Utilization Review.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Inpatient Admissions

The total facility inpatient admissions. Exclude normal newborns.

This is a subset of Total Admissions And Registrations.

Inpatient Cases Tracked By Utilization Review

The total inpatient cases tracked for utilization review intervention by Utilization Management staff. Inpatients are patients who occupied or are expected to occupy a bed overnight. Exclude normal newborns from the count.

This is a subset of Cases Tracked by Utilization Review.

Inpatient Days Denied Reimbursement

The total inpatient days denied reimbursement after all appeals have been submitted. Count all patient days finally denied by third-party payers during the reporting period. The patient days may be from a prior period or the current reporting period. If the payer is not based on some form of daily reimbursement and the admission is denied, count all patient days as denied.

Inpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual inpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Number of Medicare Recovery Audit Program Appeals

Total number of appeals submitted during the reporting period. This includes all levels of appeals; first level (redetermination) through fifth level (Judicial review in U.S. District Court).
**Number of Medicare Recovery Audit Program Denials**

Total number of Medicare Recovery Audit Program denials for the reporting period. Typically, this would equal the number of overpayment/underpayment notification letters received from the Recovery Auditors during the reporting period.

**Number of Medicare Recovery Audit Program Reviews**

Total number of Medicare Recovery Audit Program reviews initiated and/or conducted in the reporting period. Recovery Auditors review past Medicare FFS claims for potential overpayments or underpayments, reviewing medical records when necessary to make appropriate determinations.

**Outpatient Encounters**

Total number of encounters or interactions between department staff members (i.e. case managers) and individual outpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

**Outpatient Observation Cases Tracked By Utilization Review**

The total outpatient or observation cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one outpatient episode during the reporting period would count as more than one case. Emergency Department cases are excluded from this count and should be reported under the Emergency Department Cases Tracked element.

This is a subset of Cases Tracked by Utilization Review.

**Outpatient Registrations**

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period.

This is a subset of Total Admissions and Registrations.

**Total Admissions And Registrations**

Total number of inpatient admissions and outpatient registrations recorded during the reporting period.

**Total Assessment Hours**

Total number of hours conducting patient assessments by department staff in the reporting period.

**Total Encounters**

Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.
**Utilization Reviews Performed**

The total utilization reviews (including pre-admission, initial, continued stay, retrospective) performed by department staff. Count each review for each care appropriateness question that arises for each case. Combine steps to resolve appropriateness issues as one review count. Each case tracked will likely have more than one review, such as admission appropriateness or extended day of stay approval.

**Utilization Management Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Clinical Documentation Improvement Specialist**

Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Data Analyst**

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Utilization Management Expense Elements**

**Contract Service Expense**

Total expense for services provided by outside contractors (e.g. auditors).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Professional Fee Expense**

Total expense for professional fees.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

Total expense for department operating supplies.

**Utilization Management Mandatory Elements**

The following data elements are mandatory for this department:

- Cases Tracked by Utilization Review
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Utilization Management Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures
- Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services
- Utilization Review services
Exclude the hours, costs and volumes (where applicable) associated with the following functions

- Case Management (manages patient care while the patient is undergoing treatment)
- Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
- Discharge Planning, e.g., activities to facilitate patient's movement from one health care setting to another, or home
- Grant or research funded services
- Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
- Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
- Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care
- Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimize future incidents
- Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes
- Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence
- Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission
- Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk
- Social Workers

05825, Quality Management

This department collects and disseminates data to monitor and improve patient care, and provides consultation and technical assistance to staff. Risk management functions would be included here.
Quality Management Mapping Guidelines

If your cost center(s) performs discharge planning, case management or utilization management functions, this department might not be an appropriate choice. Other options might include the 05840, Case Management department or the 05850, Clinical Resource Management department.

Quality Management Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Days Reimbursed At A Skilled Rate

Total inpatient days where care was provided at an acute level but payment was received at only a skilled level.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Inpatient Admissions

The total facility inpatient admissions. Exclude normal newborns.

This is a subset of Total Admissions And Registrations.

Inpatient Days Denied Reimbursement

The total inpatient days denied reimbursement after all appeals have been submitted. Count all patient days finally denied by third-party payers during the reporting period. The patient days may be from a prior period or the current reporting period. If the payer is not based on some form of daily reimbursement and the admission is denied, count all patient days as denied.
MD And Allied Health Reviews Processed

The total reviews processed for medical staff (physicians and allied health professionals) appointments and/or reappointments. Include medical staff application reviews for initial appointments of medical staff as well as reviews for reappointments. If the department is involved with just reappointment reviews, report those in this category. Include reviews for physicians, mid-level providers (e.g., physician assistants, nurse practitioners), and allied health professionals in the count.

Outpatient Registrations

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period.

This is a subset of Total Admissions and Registrations.

Risk Management Incident Reports

Total risk management occurrence reports processed by the department.

Size of Medical Staff Supported

Total number of individual physicians and allied health professionals supported by the department for quality management and or medical staff office functions.

Total Admissions And Registrations

Total number of inpatient admissions and outpatient registrations recorded during the reporting period.

Quality Management Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Documentation Improvement Specialist

Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.
Worked Hours: Data Analyst
  Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

  This is a subset of Worked Hours: Staff.

Worked Hours: Management
  Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

  This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
  Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

  This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
  Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

  This is a subset of Worked Hours: Staff.

Worked Hours: RN
  Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

  This is a subset of Worked Hours: Staff.

Worked Hours: Staff
  Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Quality Management Expense Elements
**Contract Service Expense**

Total expense for services provided by outside contractors (e.g. auditors).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Liability Insurance Expense**

Total expense for liability insurance (if performing risk management functions).

This expense is not included in Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Professional Fee Expense**

Total expense for professional fees.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

Total expense for department operating supplies.
Quality Management Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Admissions And Registrations
- Worked Hours: Staff

Quality Management Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
- Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
- Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
- Discharge Planning, e.g., activities to facilitate patient's movement from one health care setting to another, or home
- Grant or research funded services
- Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
- Medical care evaluation via peer review, e.g., evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care
• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents

• Patient Satisfaction, including the survey process and analysis of the results

• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes

• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence

• Social Workers

• Utilization Review services

05830, Case Management / Utilization Management

This department includes all utilization management (prospective, concurrent, and retrospective reviews of patient admissions and emergency patients to determine appropriate service utilization) and case management (manages patient care while the patient is undergoing treatment). Quality Management and Social Work functions are excluded.

Case Management / Utilization Management Mapping Guidelines

If your cost center(s) does not combine the Case management and Utilization management functions, this department might not be an appropriate choice. Other options might include the 05840, Case Management department or the 05820, Utilization Management department as separate instances.

Case Management / Utilization Management Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
**Ambulatory Surgery Cases Tracked By Utilization Review**

The total ambulatory surgery cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one ambulatory surgery episode during the reporting period would count as more than one case. With regard to ambulatory cases, count ongoing cases under care management, each month of care management counts as one case.

This is a subset of Cases Tracked by Utilization Review.

**Cases Managed**

The total cases managed by department staff. This includes both inpatient, outpatient and observation cases. An inpatient case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning. Multiple Encounters may occur within one Case Managed. Count each patient admission as one case even if case management activities are performed in different settings such as pre admission, inpatient, and transitional care units.

This is a subset of Total Cases.

**Cases Managed for Physician Practice and Clinics**

The total cases managed by department staff for physician practices and non-hospital clinics. A case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays.

This is a component of Cases Managed.

**Cases Tracked by Utilization Review**

The total cases tracked for utilization review intervention by Utilization Management staff. Count each patient episode as one case even if utilization reviews are performed in different settings such as pre-admission, inpatient, or a skilled nursing facility. A patient who experiences more than one admission during the reporting period would count as more than one case. Count skilled nursing cases separately only if they represent admission to a separate skilled nursing facility.

This is a subset of Total Cases.

**Days Reimbursed at a Skilled Rate**

Total inpatient days where care was provided at an acute level but payment was received at only a skilled level.
Discharge Referrals

The total referrals of patients case-managed to the following services: home health, long-term care, skilled nursing facility (SNF), durable medical equipment (DME), dialysis, rehab services, and medical transport. One case may have more than one referral. For example, a patient receiving both home health visit referrals and medical transport to the home would count as two referrals but only one case. Referrals of outpatients and observation patients also qualify.

Emergency Department Cases Managed by Case Management

The total emergency department cases managed by Case Management staff. An emergency case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Managed by Case Management).

This is a subset of Cases Managed.

Emergency Department Cases Tracked By Utilization Review

The total emergency department cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one ER episode during the reporting period would count as more than one case. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Tracked by Utilization Review).

This is a subset of Cases Tracked by Utilization Review.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Inpatient Admissions

The total facility inpatient admissions. Exclude normal newborns.

This is a subset of Total Admissions And Registrations.

Inpatient Cases Managed by Case Management

The total inpatient cases managed by Case Management staff. An inpatient case must include at least one of the following: telephonic review, pre-admission planning, care plan coordination with physicians, patient/family education, coordination with hospital staff to avoid delays, and discharge planning. Count each patient admission as one case even if case management activities are performed in different settings such as pre-admission, inpatient, and transitional care units.

This is a subset of Cases Managed.
**Inpatient Cases Tracked By Utilization Review**

The total inpatient cases tracked for utilization review intervention by Utilization Management staff. Inpatients are patients who occupied or are expected to occupy a bed overnight. Exclude normal newborns from the count.

This is a subset of Cases Tracked by Utilization Review.

**Inpatient Days Denied Reimbursement**

The total inpatient days denied reimbursement after all appeals have been submitted. Count all patient days finally denied by third-party payers during the reporting period. The patient days may be from a prior period or the current reporting period. If the payer is not based on some form of daily reimbursement and the admission is denied, count all patient days as denied.

**Inpatient Encounters**

Total number of encounters or interactions between department staff members (i.e. case managers) and individual inpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

**Number of Medicare Recovery Audit Program Appeals**

Total number of appeals submitted during the reporting period. This includes all levels of appeals; first level (redetermination) through fifth level (Judicial review in U.S. District Court).

**Number of Medicare Recovery Audit Program Denials**

Total number of Medicare Recovery Audit Program denials for the reporting period. Typically, this would equal the number of overpayment/underpayment notification letters received from the Recovery Auditors during the reporting period.

**Number of Medicare Recovery Audit Program Reviews**

Total number of Medicare Recovery Audit Program reviews initiated and/or conducted in the reporting period. Recovery Auditors review past Medicare FFS claims for potential overpayments or underpayments, reviewing medical records when necessary to make appropriate determinations.

**Observation Cases Managed by Case Management**

The total observation cases managed by Case Management staff. An observation case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include outpatients in this case count.

This is a subset of Cases Managed.
Outpatient Cases Managed by Case Management

The total outpatient cases managed by Case Management staff. An outpatient case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include observation patients in this case count.

This is a subset of Cases Managed.

Outpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual outpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Outpatient Observation Cases Tracked By Utilization Review

The total outpatient or observation cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one outpatient episode during the reporting period would count as more than one case. Emergency Department cases are excluded from this count and should be reported under the Emergency Department Cases Tracked element.

This is a subset of Cases Tracked by Utilization Review.

Outpatient Registrations

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period.

This is a subset of Total Admissions and Registrations.

Telehealth Cases Managed

The total cases managed by telephone or online for the care and treatment of a patient by department staff. A case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning.

This is a component of Cases Managed.

Total Admissions And Registrations

Total number of inpatient admissions and outpatient registrations recorded during the reporting period.

Total Assessment Hours

Total number of hours conducting patient assessments by department staff in the reporting period.
Total Cases

The total cases managed through the case management function and tracked for utilization review intervention by the staff in this department.

Total Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.

Utilization Reviews Performed

The total utilization reviews (including pre-admission, initial, continued stay, retrospective) performed by department staff. Count each review for each care appropriateness question that arises for each case. Combine steps to resolve appropriateness issues as one review count. Each case tracked will likely have more than one review, such as admission appropriateness or extended day of stay approval.

Case Management / Utilization Management Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Care Coordinator Technician

Total hours worked by care coordinator technicians who place phone calls to payers and arrange discharge services, etc.

This is a subset of Worked Hours: Staff.

Worked Hours - Case Manager

Total hours worked by case managers. Typically case managers are RNs or social workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Clinical Documentation Improvement Specialist

Total number of hours worked by all Clinical Documentation Improvement Specialists.
This is a subset of Worked Hours: Staff.

**Worked Hours: Data Analyst**

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Case Management / Utilization Management Expense Elements**
**Contract Service Expense**

Total expense for services provided by outside contractors (e.g. auditors).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Professional Fee Expense**

Total expense for professional fees.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

Total expense for department operating supplies.

**Case Management /Utilization Management Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff
• Total Cases

Case Management / Utilization Management Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)
• Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures
• Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services
• Utilization Review services

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
• Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
• Grant or research funded services
• Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
• Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
• Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care
• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents
• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes
• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence

• Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk

• Social Workers

05840, Case Management

This department manages inpatient, emergency, outpatient and observation patient care while the patient is undergoing treatment, assuring appropriate transitions of care as necessary. This department coordinates the collaboration of patient care with patients, families, physicians, other caregivers, and payers. It includes assessing patient needs; monitoring patient status, patient progress, and variations; evaluating care options; and developing discharge plans, including discharge placement.

Case Management Mapping Guidelines

If your cost center(s) performs utilization review, quality management or social work functions, this department might not be an appropriate choice. Other options might include the 05825, Quality Management department; 05280, Utilization Management department, or 05850, Clinical Resource Management department.

Case Management Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Cases Managed

The total cases managed by department staff. This includes both inpatient, outpatient and observation cases. An inpatient case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning. Multiple Encounters may occur within one Case Managed. Count each patient admission as one case even if case management activities are performed in different settings such as pre admission, inpatient, and transitional care units.
**Cases Managed for Physician Practices and Clinics**

The total cases managed by department staff for physician practices and non-hospital clinics. A case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays.

This is a component of Cases Managed.

**Days Reimbursed at a Skilled Rate**

Total inpatient days where care was provided at an acute level but payment was received at only a skilled level.

**Discharge Referrals**

The total referrals of patients case-managed to the following services: home health, long-term care, skilled nursing facility (SNF), durable medical equipment (DME), dialysis, rehab services, and medical transport. One case may have more than one referral. For example, a patient receiving both home health visit referrals and medical transport to the home would count as two referrals but only one case. Referrals of outpatients and observation patients also qualify.

**Emergency Department Cases Managed by Case Management**

The total emergency department cases managed by Case Management staff. An emergency case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Managed by Case Management).

This is a subset of Cases Managed.

**Facilities Supported by Department**

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

**Inpatient Admissions**

The total facility inpatient admissions. Exclude normal newborns.

This is a subset of Total Admissions And Registrations.
Inpatient Cases Managed by Case Management

The total inpatient cases managed by Case Management staff. An inpatient case must include at least one of the following: telephonic review, pre-admission planning, care plan coordination with physicians, patient/family education, coordination with hospital staff to avoid delays, and discharge planning. Count each patient admission as one case even if case management activities are performed in different settings such as pre-admission, inpatient, and transitional care units.

This is a subset of Cases Managed.

Inpatient Days Denied Reimbursement

The total inpatient days denied reimbursement after all appeals have been submitted. Count all patient days finally denied by third-party payers during the reporting period. The patient days may be from a prior period or the current reporting period. If the payer is not based on some form of daily reimbursement and the admission is denied, count all patient days as denied.

Inpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual inpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Inpatient Visits

Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

Number of Medicare Recovery Audit Program Appeals

Total number of appeals submitted during the reporting period. This includes all levels of appeals; first level (redetermination) through fifth level (Judicial review in U.S. District Court).

Number of Medicare Recovery Audit Program Denials

Total number of Medicare Recovery Audit Program denials for the reporting period. Typically, this would equal the number of overpayment/underpayment notification letters received from the Recovery Auditors during the reporting period.

Number of Medicare Recovery Audit Program Reviews

Total number of Medicare Recovery Audit Program reviews initiated and/or conducted in the reporting period. Recovery Auditors review past Medicare FFS claims for potential overpayments or underpayments, reviewing medical records when necessary to make appropriate determinations.
Observation Cases Managed by Case Management
The total observation cases managed by Case Management staff. An observation case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include outpatients in this case count.

This is a subset of Cases Managed.

Outpatient Cases Managed by Case Management
The total outpatient cases managed by Case Management staff. An outpatient case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include observation patients in this case count.

This is a subset of Cases Managed.

Outpatient Encounters
Total number of encounters or interactions between department staff members (i.e. case managers) and individual outpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Outpatient Registrations
The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period.

This is a subset of Total Admissions and Registrations.

Telehealth Cases Managed
The total cases managed by telephone or online for the care and treatment of a patient by department staff. A case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning.

This is a component of Cases Managed.

Total Admissions And Registrations
Total number of inpatient admissions and outpatient registrations recorded during the reporting period.

Total Assessment Hours
Total number of hours conducting patient assessments by department staff in the reporting period.
Total Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.

Case Management Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Care Coordinator Technician

Total hours worked by care coordinator technicians who place phone calls to payers and arrange discharge services, etc.

This is a subset of Worked Hours: Staff.

Worked Hours - Case Manager

Total hours worked by case managers. Typically case managers are RNs or social workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Clinical Documentation Improvement Specialist

Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.

Worked Hours: Data Analyst

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Worker**

Total hours worked by masters and bachelor degreed social workers or individuals performing in this capacity. Do not include social workers acting as case managers; rather include them in the category Worked Hours: Case Manager.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Case Management Expense Elements

Contract Service Expense
Total expense for services provided by outside contractors (e.g. auditors).
This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

Professional Fee Expense
Total expense for professional fees.
This is a subset of Other Direct Operating Expense.

Supply Expense
Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

Case Management Mandatory Elements
The following data elements are mandatory for this department:
• Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff
• Cases Managed

**Case Management Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
• Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
• Grant or research funded services
• Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
• Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
• Medical care evaluation via peer review, e.g., evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care
• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents
• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes
• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence
• Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk

• Social Workers

• Utilization Review services

05850, Clinical Resource Management

This department includes all utilization management (prospective, concurrent, and retrospective reviews of patient admissions to determine appropriate service utilization), case management (manages patient care while the patient is undergoing treatment) and social work functions (discharge planning). Quality Management (collects and disseminates data to monitor and improve patient care, and provides consultation) is excluded.

Clinical Resource Management Mapping Guidelines

If your cost center(s) does not perform all primary functions described in the department definition, the department might not be an appropriate choice. Other options include 05840, Case Management department; 05820, Utilization Management department; 05810, Social Work department or the G5800, Other Clinical Resource Management Services department.

Clinical Resource Management Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Ambulatory Surgery Cases Tracked By Utilization Review

The total ambulatory surgery cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one ambulatory surgery episode during the reporting period would count as more than one case. With regard to ambulatory cases, count ongoing cases under care management, each month of care management counts as one case.

This is a subset of Cases Tracked by Utilization Review.
Cases Managed

The total cases managed by department staff. This includes both inpatient, outpatient and observation cases. An inpatient case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning. Multiple Encounters may occur within one Case Managed. Count each patient admission as one case even if case management activities are performed in different settings such as pre admission, inpatient, and transitional care units.

This is a subset of Total Cases.

Cases Managed for Physician Practices and Clinics

The total cases managed by department staff for physician practices and non-hospital clinics. A case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays.

This is a component of Cases Managed.

Cases Tracked by Utilization Review

The total cases tracked for utilization review intervention by Utilization Management staff. Count each patient episode as one case even if utilization reviews are performed in different settings such as pre-admission, inpatient, or a skilled nursing facility. A patient who experiences more than one admission during the reporting period would count as more than one case. Count skilled nursing cases separately only if they represent admission to a separate skilled nursing facility.

This is a subset of Total Cases.

Community Outreach Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individuals who are not patients but members of the community or an outreach program. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Days Reimbursed At A Skilled Rate

Total inpatient days where care was provided at an acute level but payment was received at only a skilled level.
Emergency Department Cases Managed by Case Management

The total emergency department cases managed by Case Management staff. An emergency case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Managed by Case Management).

This is a subset of Cases Managed.

Emergency Department Cases Tracked By Utilization Review

The total emergency department cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one ER episode during the reporting period would count as more than one case. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Tracked by Utilization Review).

This is a subset of Cases Tracked by Utilization Review.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Home Health Referrals

The total referrals of social work patients to home health agencies. Home health refers to the arrangement of home visits by nurses, home health aides, or other caregivers. Durable medical equipment referrals should not be included in this subset but should be included in the overall category of Referrals.

This is a subset of Referrals.

Inpatient Admissions

The total facility inpatient admissions. Exclude normal newborns.

This is a subset of Total Admissions And Registrations.

Inpatient Cases Managed by Case Management

The total inpatient cases managed by Case Management staff. An inpatient case must include at least one of the following: telephonic review, pre-admission planning, care plan coordination with physicians, patient/family education, coordination with hospital staff to avoid delays, and discharge planning. Count each patient admission as one case even if case management activities are performed in different settings such as pre-admission, inpatient, and transitional care units.
This is a subset of Cases Managed.

Inpatient Cases Tracked By Utilization Review
The total inpatient cases tracked for utilization review intervention by Utilization Management staff. Inpatients are patients who occupied or are expected to occupy a bed overnight. Exclude normal newborns from the count.

This is a subset of Cases Tracked by Utilization Review.

Inpatient Days Denied Reimbursement
The total inpatient days denied reimbursement after all appeals have been submitted. Count all patient days finally denied by third-party payers during the reporting period. The patient days may be from a prior period or the current reporting period. If the payer is not based on some form of daily reimbursement and the admission is denied, count all patient days as denied.

Inpatient Encounters
Total number of encounters or interactions between department staff members (i.e. case managers) and individual inpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

MD And Allied Health Reviews Processed
Total reviews processed for medical staff (physicians and allied health professionals) appointments and or reappointments.

Number of Medicare Recovery Audit Program Appeals
Total number of appeals submitted during the reporting period. This includes all levels of appeals; first level (redetermination) through fifth level (Judicial review in U.S. District Court).

Number of Medicare Recovery Audit Program Denials
Total number of Medicare Recovery Audit Program denials for the reporting period. Typically, this would equal the number of overpayment/underpayment notification letters received from the Recovery Auditors during the reporting period.

Number of Medicare Recovery Audit Program Reviews
Total number of Medicare Recovery Audit Program reviews initiated and/or conducted in the reporting period. Recovery Auditors review past Medicare FFS claims for potential overpayments or underpayments, reviewing medical records when necessary to make appropriate determinations.
**Observation Cases Managed by Case Management**

The total observation cases managed by Case Management staff. An observation case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include outpatients in this case count.

This is a subset of Cases Managed.

**Outpatient Cases Managed by Case Management**

The total outpatient cases managed by Case Management staff. An outpatient case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include observation patients in this case count.

This is a subset of Cases Managed.

**Outpatient Encounters**

Total number of encounters or interactions between department staff members (i.e. case managers) and individual outpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

**Outpatient Observation Cases Tracked By Utilization Review**

The total outpatient or observation cases tracked for utilization review intervention by Utilization Management staff. A patient who experiences more than one outpatient episode during the reporting period would count as more than one case. Emergency Department cases are excluded from this count and should be reported under the Emergency Department Cases Tracked element.

This is a subset of Cases Tracked by Utilization Review.

**Outpatient Registrations**

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period.

This is a subset of Total Admissions and Registrations.

**Psychiatric Cases**

The total number of psychiatric patients (including inpatient, outpatient, and partial hospitalization) classified as cases according to the definitions above.

This is a component of Social Work Cases.
Referrals
The total individual patient referrals that social work made to the following services: home health, durable medical equipment (DME), dialysis, skilled nursing facility (SNF), rehab services, and medical transport. One case may have more than one referral. For example, a patient receiving both home health visit referrals and medical transport to the home would count as two referrals but only one case. Referrals of outpatients also qualify. To qualify, referrals must involve direct contact between the department and the agency or organization to which the patient is being referred.

Rehabilitation Cases
The total number of acute rehabilitation patients classified as cases according to the definitions above. Rehabilitation cases refer to patients receiving care in an inpatient rehabilitation unit or inpatient rehabilitation facility. Patients include those having experienced stroke, head or spinal cord trauma, muscular skeletal injury, or other forms of physical disability.

This is a component of Social Work Cases.

Risk Management Incident Reports
Total risk management occurrence reports processed by the department.

Size of Medical Staff Supported
Total number of individual physicians and allied health professionals supported by the department for quality management and or medical staff office functions.

Skilled Nursing Facility Referrals
The total referrals of social work patients to skilled nursing facilities (SNF). Skilled nursing refers to convalescent care or restorative services of post-acute or post-sub-acute patients.

This is a subset of Referrals.

Social Work Cases
The total patients receiving social work services and meeting one of the definitions below for inpatient, non-emergency outpatient (including partial hospitalization), or emergency cases. Include screening cases or assessment cases only if they involve direct patient contact. This refers to all patients who have had at least one contact with Social Work Services during the reporting period. The contact may be in person, by mail, via telephone, or through another person on behalf of the patient. For minimum contact time requirements refer to the detailed subset definitions in this section. This count is the total of the following subsets: Social Work Inpatient Cases (including Sub-Acute Cases and Partial Hospitalization Cases), Social Work (Non-Emergent) Outpatient Cases, and Social Work Emergency Cases.
This is a subset of Total Cases.

**Social Work Emergency Cases**

The total Emergency department patient visits receiving one or more social service encounter. This count consists of all patients who receive social work services in the Emergency department. If the patient is subsequently admitted, the patient may also generate a count under the category of Social Work Inpatient Cases if criteria for that count (as described above) is met. Exclude normal newborns from case count.

This is a subset of Social Work Cases.

**Social Work Inpatient Cases**

The total inpatients receiving social work services. Each relevant admission should generate only one case count unless length of stay is greater than one month. This count is the total number of inpatients receiving social work services directly or via contact with family, significant other, or an agency on behalf of the patient. Discussion of a patient during rounds and paper screens do not constitute a case and should not be included in the count. Patients transferred between acute inpatient units are only counted once per reporting period unless they are discharged and readmitted. Cases in which more than one social worker is involved are counted only as one case. Supporting documentation is required, and there is a 10-minute minimum contact time limit. The reporting period is one month. Some patients may be counted more than once during an admission if they remain in the hospital longer than a month or if they are admitted one month and discharged the next. A patient is counted one time during a calendar month if they are receiving active and ongoing social work involvement.

**Example**  A patient is admitted to the ICU on January 15th after an automobile accident. Social Work intervention is requested, and Social Work staff begin working with the patient's family on January 16th. The Social Work staff work with the patient or family every day. The patient remains in the ICU until February 3, at which time he or she is transferred to 4 North - Med/Surg. The patient is ultimately discharged from this unit on February 18th. The patient provides a case count of two. One case is counted for the month of January and one for the month of February. The fact that the patient was on two different units during the month of February does not affect the count.

This is a subset of Social Work Cases.

**Social Work Non Emergent Outpatient Cases**

The total face-to-face encounters with outpatients as well as services provided to outpatients by telephone. For telephone services, count each month of service as one case. This count consists of the following components: patients receiving face-to-face services, patients receiving care management services, and partial hospitalization cases.

This is a subset of Social Work Cases.
Social Work Sub-Acute Cases

The total patients receiving sub-acute care or post-acute restorative services as well as social work services. This count consists of all patients who receive social work services in a skilled nursing facility or separate sub-acute unit. These patients usually require a higher intensity of social work services due to their discharge planning needs.

This is a subset of Social Work Inpatient Cases.

Substance Abuse Cases

The total number of patients whose primary diagnosis is substance abuse (including inpatient, outpatient and partial hospitalization) and who are classified as cases according to the definition above. A patient admitted for a total hip replacement and discovered to be suffering from alcoholism would not qualify.

This is a component of Social Work Cases.

Telehealth Cases Managed

The total cases managed by telephone or online for the care and treatment of a patient by department staff. A case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning.

This is a component of Cases Managed.

Total Admissions And Registrations

Total number of inpatient admissions and outpatient registrations recorded during the reporting period.

Total Assessment Hours

Total number of hours conducting patient assessments by department staff in the reporting period.

Total Cases

The total cases tracked for utilization review intervention, managed through the case management function and total cases managed by the social work function.

Total Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.
Utilization Reviews Performed

The total utilization reviews (including pre-admission, initial, continued stay, retrospective) performed by department staff. Count each review for each care appropriateness question that arises for each case. Combine steps to resolve appropriateness issues as one review count. Each case tracked will likely have more than one review, such as admission appropriateness or extended day of stay approval.

Clinical Resource Management Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Care Coordinator Technician

Total hours worked by care coordinator technicians who place phone calls to payers and arrange discharge services, etc.

This is a subset of Worked Hours: Staff.

Worked Hours - Case Manager

Total hours worked by case managers. Typically case managers are RNs or social workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Clinical Documentation Improvement Specialist

Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.

Worked Hours: Data Analyst

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Work Aides And Technicians**

Total hours worked by social work aides and technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Worker**

Total hours worked by masters and bachelor degreed social workers or individuals performing in this capacity. Do not include social workers acting as case managers; rather include them in the category Worked Hours: Case Manager.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Clinical Resource Management Expense Elements

Contract Service Expense
Total expense for services provided by outside contractors (e.g. auditors).
This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

Professional Fee Expense
Total expense for professional fees.
This is a subset of Other Direct Operating Expense.

Supply Expense
Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.
Total expense for department operating supplies.
Clinical Resource Management Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff
- Total Cases

Clinical Resource Management Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Discharge Planning, e.g., activities to facilitate patient's movement from one health care setting to another, or home
- Hospital Discharge Planning Nurse
- Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
- Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures
- Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services
- Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk
- Social Workers
- Utilization Review services

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data

• Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization

• Grant or research funded services

• Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).

• Medical care evaluation via peer review, e.g., evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care

• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents

• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes

• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence

• Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission

05860, Case Management/Social Work

This department includes all case management (manages patient care while the patient is undergoing treatment) and social work functions (discharge planning). This consists of managing inpatient, emergency, outpatient and observation patient care while the patient is undergoing treatment as well as coordinating the collaboration of patient care with patients, families, physicians, other caregivers, and payers. Activities include assessing patient needs; monitoring patient status, patient progress, and variations; evaluating care options; and developing discharge plans, including discharge placement. This department also provides screening and case finding for at-risk patients, psychosocial assessments, patient or family counseling, financial arrangement assistance, community information services, referrals to other resources and therapeutic services planning.

Case Management/Social Work Mapping Guidelines

If your cost center(s) does not combine the Social Work and Case management functions, this department might not be an appropriate choice. Other options might include the 05840, Case Management department or the 05810, Social Work department as separate instances. If your cost center(s) performs utilization review or quality management, this department might not be an appropriate choice. Other options might include the 05825, Quality Management department; 05280, Utilization Management department, or 05850, Clinical Resource Management department.
Case Management/Social Work Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

Cases Managed

The total cases managed by department staff. This includes both inpatient, outpatient and observation cases. An inpatient case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning. Multiple Encounters may occur within one Case Managed. Count each patient admission as one case even if case management activities are performed in different settings such as pre admission, inpatient, and transitional care units.

This is a subset of Total Cases.

Cases Managed for Physician Practices and Clinics

The total cases managed by department staff for physician practices and non-hospital clinics. A case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays.

This is a component of Cases Managed.

Community Outreach Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individuals who are not patients but members of the community or an outreach program. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Days Reimbursed At A Skilled Rate

Total inpatient days where care was provided at an acute level but payment was received at only a skilled level.
Emergency Department Cases Managed by Case Management

The total emergency department cases managed by Case Management staff. An emergency case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. A patient that comes into the ER and is admitted would be excluded (that patient would be counted in Inpatient Cases Managed by Case Management).

This is a subset of Cases Managed.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Home Health Referrals

The total referrals of social work patients to home health agencies. Home health refers to the arrangement of home visits by nurses, home health aides, or other caregivers. Durable medical equipment referrals should not be included in this subset but should be included in the overall category of Referrals.

This is a subset of Referrals.

Inpatient Admissions

The total facility inpatient admissions. Exclude normal newborns.

This is a subset of Total Admissions and Registrations.

Inpatient Cases Managed by Case Management

The total inpatient cases managed by Case Management staff. An inpatient case must include at least one of the following: telephonic review, pre-admission planning, care plan coordination with physicians, patient/family education, coordination with hospital staff to avoid delays, and discharge planning. Count each patient admission as one case even if case management activities are performed in different settings such as pre-admission, inpatient, and transitional care units.

This is a subset of Cases Managed.

Inpatient Days Denied Reimbursement

The total inpatient days denied reimbursement after all appeals have been submitted. Count all patient days finally denied by third-party payers during the reporting period. The patient days may be from a prior period or the current reporting period. If the payer is not based on some form of daily reimbursement and the admission is denied, count all patient days as denied.
Inpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual inpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.

Number of Medicare Recovery Audit Program Appeals

Total number of appeals submitted during the reporting period. This includes all levels of appeals; first level (redetermination) thru fifth level (Judicial review in U.S. District Court).

Number of Medicare Recovery Audit Program Denials

Total number of Medicare Recovery Audit Program denials for the reporting period. Typically, this would equal the number of overpayment/underpayment notification letters received from the Recovery Auditors during the reporting period.

Number of Medicare Recovery Audit Program Reviews

Total number of Medicare Recovery Audit Program reviews initiated and/or conducted in the reporting period. Recovery Auditors review past Medicare FFS claims for potential overpayments or underpayments, reviewing medical records when necessary to make appropriate determinations.

Observation Cases Managed by Case Management

The total observation cases managed by Case Management staff. An observation case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include outpatients in this case count.

This is a subset of Cases Managed.

Outpatient Cases Managed by Case Management

The total outpatient cases managed by Case Management staff. An outpatient case must include at least one of the following: telephonic review, care plan coordination with physicians, patient/family education, and coordination with hospital staff to avoid delays. Do not include observation patients in this case count.

This is a subset of Cases Managed.

Outpatient Encounters

Total number of encounters or interactions between department staff members (i.e. case managers) and individual outpatients. Count all face-to-face interactions as well as phone encounters.

This is a subset of Total Encounters.
Outpatient Registrations Supported

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count.

This is a subset of Total Admissions and Registrations.

Psychiatric Cases

The total number of psychiatric patients (including inpatient, outpatient, and partial hospitalization) classified as cases according to the definitions above.

This is a component of Social Work Cases.

Referrals

The total individual patient referrals that social work made to the following services: home health, durable medical equipment (DME), dialysis, skilled nursing facility (SNF), rehab services, and medical transport. One case may have more than one referral. For example, a patient receiving both home health visit referrals and medical transport to the home would count as two referrals but only one case. Referrals of outpatients also qualify. To qualify, referrals must involve direct contact between the department and the agency or organization to which the patient is being referred.

Rehabilitation Cases

The total number of acute rehabilitation patients classified as cases according to the definitions above. Rehabilitation cases refer to patients receiving care in an inpatient rehabilitation unit or inpatient rehabilitation facility. Patients include those having experienced stroke, head or spinal cord trauma, muscular skeletal injury, or other forms of physical disability.

This is a component of Social Work Cases.

Skilled Nursing Facility Referrals

The total referrals of social work patients to skilled nursing facilities (SNF). Skilled nursing refers to convalescent care or restorative services of post-acute or post-sub-acute patients.

This is a subset of Referrals.
Social Work Cases

The total patients receiving social work services and meeting one of the definitions below for inpatient, non-emergency outpatient (including partial hospitalization), or emergency cases. Include screening cases or assessment cases only if they involve direct patient contact. This refers to all patients who have had at least one contact with Social Work Services during the reporting period. The contact may be in person, by mail, via telephone, or through another person on behalf of the patient. For minimum contact time requirements refer to the detailed subset definitions in this section. This count is the total of the following subsets: Social Work Inpatient Cases (including Sub-Acute Cases and Partial Hospitalization Cases), Social Work (Non-Emergent) Outpatient Cases, and Social Work Emergency Cases.

This is a subset of Total Cases.

Social Work Emergency Cases

The total Emergency department patient visits receiving one or more social service encounter. This count consists of all patients who receive social work services in the Emergency department. If the patient is subsequently admitted, the patient may also generate a count under the category of Social Work Inpatient Cases if criteria for that count (as described above) is met. Exclude normal newborns from case count.

This is a subset of Social Work Cases.

Social Work Inpatient Cases

The total inpatients receiving social work services. Each relevant admission should generate only one case count unless length of stay is greater than one month. This count is the total number of inpatients receiving social work services directly or via contact with family, significant other, or an agency on behalf of the patient. Discussion of a patient during rounds and paper screens do not constitute a case and should not be included in the count. Patients transferred between acute inpatient units are only counted once per reporting period unless they are discharged and readmitted. Cases in which more than one social worker is involved are counted only as one case. Supporting documentation is required, and there is a 10-minute minimum contact time limit. The reporting period is one month. Some patients may be counted more than once during an admission if they remain in the hospital longer than a month or if they are admitted one month and discharged the next. A patient is counted one time during a calendar month if they are receiving active and ongoing social work involvement. Example A patient is admitted to the ICU on January 15th after an automobile accident. Social Work intervention is requested, and Social Work staff begin working with the patient's family on January 16th. The Social Work staff work with the patient or family every day. The patient remains in the ICU until February 3, at which time he or she is transferred to 4 North - Med/Surg. The patient is ultimately discharged from this unit on February 18th. The patient provides a case count of two. One case is counted for the month of January and one for the month of February. The fact that the patient was on two different units during the month of February does not affect the count.

This is a subset of Social Work Cases.

Social Work Non Emergent Outpatient Cases

The total encounters with outpatients as well as services provided to outpatients by telephone. For telephone services, count each month of service as one case. This count consists of the following components: patients receiving face-to-face services, patients receiving care management services, and partial hospitalization cases.
This is a subset of Social Work Cases.

**Social Work Sub Acute Cases**

The total patients receiving sub-acute care or post-acute restorative services as well as social work services. This count consists of all patients who receive social work services in a skilled nursing facility or separate sub-acute unit. These patients usually require a higher intensity of social work services due to their discharge planning needs.

This is a subset of Social Work Inpatient Cases.

**Substance Abuse Cases**

The total number of patients whose primary diagnosis is substance abuse (including inpatient, outpatient and partial hospitalization) and who are classified as cases according to the definition above. A patient admitted for a total hip replacement and discovered to be suffering from alcoholism would not qualify.

This is a component of Social Work Cases.

**Telehealth Cases Managed**

The total cases managed by telephone or online for the care and treatment of a patient by department staff. A case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning.

This is a component of Cases Managed.

**Total Admissions And Registrations**

Total number of inpatient admissions and outpatient registrations recorded during the reporting period.

**Total Assessment Hours**

Total number of hours conducting patient assessments by department staff in the reporting period.

**Total Cases**

The total cases managed through the case management function and total cases managed by the social work function.

**Total Encounters**

Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.
Case Management/Social Work Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Care Coordinator Technician
Total hours worked by care coordinator technicians who place phone calls to payers and arrange discharge services, etc.

This is a subset of Worked Hours: Staff.

Worked Hours: Case Manager
Total hours worked by case managers. Typically case managers are RNs or social workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Work Aides and Technicians**

Total hours worked by social work aides and technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Worker**

Total hours worked by masters and bachelor degreed social workers or individuals performing in this capacity. Do not include social workers acting as case managers; rather include them in the category Worked Hours: Case Manager.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Case Management/Social Work Expense Elements**

**Contract Service Expense**

Total expense for services provided by outside contractors (e.g. auditors).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense

Total expense for professional fees.

This is a subset of Other Direct Operating Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Case Management/Social Work Mandatory Elements

The following data elements are mandatory for this department:

- Paid Hours: Staff
- Worked Hours: Staff
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Total Cases

Case Management/Social Work Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Discharge Planning, e.g., activities to facilitate patient's movement from one health care setting to another, or home
- Hospital Discharge Planning Nurse
- Social Workers

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
- Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
- Grant or research funded services
- Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
- Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
- Medical care evaluation via peer review, e.g., evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care
- Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents
- Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes
- Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence
- Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk
- Utilization Review services

**G5800, Other Clinical Resource Management Services**

This generic department includes any cost center(s) belonging to Clinical Resource Management Services that cannot be mapped to a specific department within this series.

**Other Clinical Resource Management Services Workload Volumes**
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Cases Managed

The total cases managed by department staff. This includes both inpatient, outpatient and observation cases. An inpatient case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning. Multiple Encounters may occur within one Case Managed. Count each patient admission as one case even if case management activities are performed in different settings such as pre admission, inpatient, and transitional care units.

This is a subset of Total Cases.

Cases Tracked by Utilization Review

The total cases tracked for utilization review intervention by Utilization Management staff. Count each patient episode as one case even if utilization reviews are performed in different settings such as pre-admission, inpatient, or a skilled nursing facility. A patient who experiences more than one admission during the reporting period would count as more than one case. Count skilled nursing cases separately only if they represent admission to a separate skilled nursing facility.

This is a subset of Total Cases.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Social Work Cases

The total patients receiving social work services and meeting one of the definitions below for inpatient, non-emergency outpatient (including partial hospitalization), or emergency cases. Include screening cases or assessment cases only if they involve direct patient contact. This refers to all patients who have had at least one contact with Social Work Services during the reporting period. The contact may be in person, by mail, via telephone, or through another person on behalf of the patient. For minimum contact time requirements refer to the detailed subset definitions in this section. This count is the total of the following subsets: Social Work Inpatient Cases (including Sub-Acute Cases and Partial Hospitalization Cases), Social Work (Non-Emergent) Outpatient Cases, and Social Work Emergency Cases.

This is a subset of Total Cases.
Total Cases
The total cases tracked for utilization review intervention, managed through the case management function and total cases managed by the social work function.

Total Encounters
Total number of encounters or interactions between department staff members (i.e. case managers) and individual patients. Count all face-to-face interactions as well as phone encounters.

Other Clinical Resource Management Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Care Coordinator Technician
Total hours worked by care coordinator technicians who place phone calls to payers and arrange discharge services, etc.

This is a subset of Worked Hours: Staff.

Worked Hours - Case Manager
Total hours worked by case managers. Typically case managers are RNs or social workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Clinical Documentation Improvement Specialist
Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.

Worked Hours: Data Analyst
Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.
This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Work Aides And Technicians**

Total hours worked by social work aides and technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Social Worker**

Total hours worked by masters and bachelor degreed social workers or individuals performing in this capacity. Do not include social workers acting as case managers; rather include them in the category Worked Hours: Case Manager.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other Clinical Resource Management Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Professional Fee Expense**

Total expense for professional fees.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Other Clinical Resource Management Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff

**Other Clinical Resource Management Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)
• Discharge Planning, e.g., activities to facilitate patient's movement from one health care setting to another, or home
• Hospital Discharge Planning Nurse
• Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
• Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures
• Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services
• Risk Management e.g., time spent on activities focused on organizational identification and improvement of clinical circumstances that put patients at risk
• Social Workers
• Utilization Review services

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
• Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
• Grant or research funded services
• Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
• Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care

• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimize future incidents

• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes

• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence

• Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission
Chapter 9. Community Outreach

This chapter includes the following sections:

- 06330, Foundation  420
- 06370, Volunteer Services  424
- G6300, Other Community Outreach  427

06330, Foundation

The Foundation department works with both internal and external publics to promote community involvement in, and charitable support for the facility. This department organizes and conducts fundraising events, identifies funding needs and sources, develops and coordinates the funding plan and drives, cultivates planned giving, and monitors fund development.

Foundation Workload Volumes

Active Donors - 2 to 5 years

Individual donors who have regularly contributed to the hospital for the past two to five years. This includes donors who contributed during the reporting period. This does not include individuals pledging but not contributing during the reporting period or donors who have been giving less than 2 years. Donors may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. They may donate non-cash items, such as real property and stocks. They may place restrictions on donation use or may donate unrestricted funds.

Active Donors - more than 5 years

Individual donors who have regularly contributed to the hospital for more than five years. This includes donors who contributed during the reporting period. This does not include individuals pledging but not contributing during the reporting period or donors who have been giving less than 5 years. Donors may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. They may donate non-cash items, such as real property and stocks. They may place restrictions on donation use or may donate unrestricted funds.
**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Donated Funds Received**

Total value of funds received from donors. This includes all funds received from donors during the reporting period. Donations may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. Use appraised values for non-cash donations, such as real property and stocks, if the donations have not been converted to cash. Donations may have donor restrictions on use or may be unrestricted.

**Educational Events Coordinated**

Total group or individual events coordinated to educate potential donors to the benefits of planned giving or other forms of financial support and/or outline specific needs of the hospital.

**New Commitment Funds Pledged**

Total value of funds pledged for future donation. This includes all funds pledged by donors as a result of department staff pledge drive efforts during the reporting period. Pledge donations may be received either during or subsequent to the reporting period. Pledges may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. Use appraised values for non-cash pledges, such as real property and stocks. Pledges may have donor restrictions on use or may be unrestricted.

**New Donors**

Total individual donors contributing to the hospital for the first time. This includes all new donors during the reporting period. This does not include individuals pledging but not contributing during the reporting period. New donors may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. They may donate non-cash items, such as real property and stocks. They may place restrictions on donation use or may donate unrestricted funds.

**Potential Donor Studies**

Total potential donor studies prepared. This includes formal studies prepared during the reporting period. The study usually includes focus groups, profiles, and generally available information to determine the financial strength, interests, and past giving patterns of potential donors to the hospital. These may include individuals, estates, corporations, philanthropic organizations, and others who have not previously donated to the hospital.
Program Age

Total years the foundation or fund development department has been actively cultivating and/or soliciting potential donors. This includes the age through the end of the reporting period. Use simple rounding for fractional years. For example, six years and six months equals six years. Six years and seven months equals seven years.

Special Events Coordinated

Total special fund raising events coordinated. This includes fund raising events that may be open to the general public or targeted to specific groups. They usually include some form of entertainment. These events typically would have high community visibility, such as a telethon or benefit performance of the arts (ice skating, concert, etc.). Count the event in the reporting period that the majority of planning and coordination occurs, not in the period that the event takes place.

Foundation Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.
This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**

Total hours worked by professional staff with a college degree in personnel management or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Foundation Expense Elements**

**Event Expenses**

Total expenses for special events.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Professional Fee Expense**

Total expense for professional fees, such as consultants.
**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Foundation Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- New Commitment Funds Pledged
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Foundation Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Fund raising activities

**06370, Volunteer Services**

The Volunteer Services department assesses volunteer needs, recruits, places, and retains volunteers, and monitors volunteer utilization.

**Volunteer Services Workload Volumes**

**Volunteer Service Hours**

Total hours of service to the hospital by volunteer and/or youth program volunteer personnel. These represent the cumulative hours of service for the reporting period. Hours should be available on logs maintained or other appropriate tracking devices.
Volunteers Managed

Total volunteers maintained on the department roster. This includes all volunteers that provided active service to the hospital during the reporting period. Service can be as little as one hour. Do not include individuals on a volunteer list that did not provide any service during the reporting period.

Volunteers Recruited

Total volunteers recruited into the volunteer or youth program. This includes all volunteers who became active during the reporting period. Count members new to the program and those who were inactive for more than one year returning to the program.

This is a subset of Volunteers Managed.

Volunteer Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.
This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**

Total hours worked by professional staff with a college degree in personnel management or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Volunteer Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Volunteer Services Mandatory Elements**

The following data elements are mandatory for this department:
• Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Volunteer Service Hours
• Worked Hours: Staff

G6300, Other Community Outreach

This generic department includes all cost centers belonging to the community outreach series that cannot be mapped to individual community outreach departments.

Other Community Outreach Workload Volumes

New Commitment Funds Pledged
Total value of funds pledged for future donation. This includes all funds pledged by donors as a result of department staff pledge drive efforts during the reporting period. Pledge donations may be received either during or subsequent to the reporting period. Pledges may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. Use appraised values for non-cash pledges, such as real property and stocks. Pledges may have donor restrictions on use or may be unrestricted.

New Donors
Total individual donors contributing to the hospital for the first time. This includes all new donors during the reporting period. This does not include individuals pledging but not contributing during the reporting period. New donors may be the result of annual giving campaigns, capital campaigns, planned giving pledges, or other forms of solicitation performed or coordinated by the department. They may donate non-cash items, such as real property and stocks. They may place restrictions on donation use or may donate unrestricted funds.

Volunteer Service Hours
Total hours of service to the hospital by volunteer and/or youth program volunteer personnel. These represent the cumulative hours of service for the reporting period. Hours should be available on logs maintained or other appropriate tracking devices.
Other Community Outreach Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or standby hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff

Total hours worked by professional staff with a college degree in personnel management or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Community Outreach Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Other Community Outreach Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Other Community Outreach Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Fund raising activities
Chapter 10. Dialysis Services

This chapter includes the following sections:

- 04510, Dialysis 430
- G4500, Other Dialysis Services 435

04510, Dialysis

This department provides dialysis treatment for acute and/or chronic dialysis patients. The department may treat predominantly acute patients, predominantly chronic patients, or both.

Dialysis Workload Volumes

Conventional Treatments

The total number of conventional hemodialysis treatments performed as defined by the Centers for Medicare & Medicaid Services (CMS). Conventional hemodialysis typically involves thrice a week, alternate-day hemodialysis. This form of treatment uses membranes that filter out smaller waste products and less fluid than high efficiency or high flux treatments.

This is a component of Treatments.

High Efficiency or High Flux Treatments

The total number of dialysis treatments performed by high efficiency or high flux hemodialysis as defined by the Centers for Medicare & Medicaid Services (CMS). High flux or high efficiency hemodialysis is a dialysis technique that requires specialized equipment. The essential element of high flux dialysis is the use of dialyzers (artificial kidneys) that have larger pores for the removal both of uremic toxins and of fluid.

This is a component of Treatments.

Inpatient Treatments

Total dialysis treatments performed on hospitalized inpatients.

This is a subset of Treatments.
Patient Visits

Total discrete patient visits to the department for examination. Multiple visits may be required for one procedure.

Patients Treated

Total number of different patients dialyzed by department staff during the study period.

Peritoneal Treatments

The total number of peritoneal dialysis treatments performed in this department. There are two main types of peritoneal dialysis: Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD). Both can be performed at home. These treatments use the body’s peritoneum as the membrane to filter waste products and excess fluid.

This is a component of Treatments.

Treatment Stations

The total number of licensed dialysis stations.

Treatments

The total number of dialysis treatments performed by department staff. Including but not limited to hemodialysis, hemofiltration treatments, peritoneal dialysis and other continuous renal replacement therapies. Do not include training sessions or any other non-treatment procedures. Procedures that apply only to the physician component should be excluded.

Dialysis Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Dialysis Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Dialysis Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Treatments
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Treatments
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Dialysis Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms

**G4500, Other Dialysis Services**

The generic Other Dialysis Services department includes all cost centers belonging to the Dialysis Services series that cannot be mapped to the Dialysis department.

**Other Dialysis Services Workload Volumes**

**Patient Visits**

Total discrete patient visits to the department for examination. Multiple visits may be required for one procedure.
Treatments

The total number of dialysis treatments performed by department staff. Including but not limited to hemodialysis, hemofiltration treatments, peritoneal dialysis and other continuous renal replacement therapies. Do not include training sessions or any other non-treatment procedures. Procedures that apply only to the physician component should be excluded.

Other Dialysis Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other Dialysis Services Expense Elements**
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Other Dialysis Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Other Dialysis Services Normalizations

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms
Chapter 11. Educational Services

This chapter includes the following sections:

- 06210, Clinical Staff Education 440
- 06215, Medical Staff Education 449
- 06220, Non-clinical Staff Education 457
- 06230, Staff Education Combined 466
- 06235, Organizational Development 474
- 06240, Learning Technologies 482
- 06250, Patient and Family Education 486
- 06260, Community Education and Outreach Services 493
- F6200, Educational Services Functional Rollup 501
- G6200, Other Educational Services 511

06210, Clinical Staff Education

This department is responsible for clinical staff education including, but not limited to: orientation, specialty inservice, regulatory agency training, continuing education credit (i.e. provision of contact hours vs. professional development), formal classroom training, educational needs assessment, program development, and program execution functions. The educational offerings can be provided in a variety of ways including but not limited to: a classroom (on or off-site), computer-based training (CBT), video vignettes, on the unit or in the department. Clinical staff extends beyond nursing staff and includes clinical staff in ancillary departments (i.e. Rehab Services, Respiratory Care, Imaging services, etc.)

Decentralized education provided by unit staff to the unit staff (preceptors) should remain on the units.

Clinical Staff Education Mapping Guidelines

If your cost center performs non-clinical staff and or medical staff training functions, this department might not be an appropriate choice. Other options might include the Medical Staff Education department, the Non-clinical Staff Education department or the Staff Education Combined department.
Clinical Staff Education Workload Volumes

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions
Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings
Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours
Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed
Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses
Total number of courses developed by staff in this department during the reporting period.

Instructional Hours: CME, CNE training

Total hours of training provided to physicians and licensed nursing professional (MSN, RN, and LPN) where each person-hour is counted as one unit. Include courses for physician and professional nursing staff education held within the facility, including all forms of continuing medical education. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: CME, CNE training. Count each ¼ hour and round to the nearest ¼ hour for all course lengths.

This is a subset of Instructional Hours: Staff.

Instructional Hours: Non-staff/Other

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other "prep" time.

Instructional Hours: Orientation

Total hours of general orientation provided by the department. For example, include discussions of time cards or time sheets, clocking in, employee benefits, or hospital wide work rules. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Orientation.

This is a subset of Instructional Hours: Staff.

Instructional Hours: Staff

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

Learner Hours: e-Learning/CBT

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.
Learner Hours: Staff

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

New Hires Supported

Total new employees hired by the facility and supported by the department.

New Hires Supported: Clinical

Total new nursing or other clinical employees hired by the facility and processed through the department. This is a subset of New Hires Supported.

Number of Staff Trained

Total number of individual employees which attended one or more hours of instruction provided by the department.

Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material. This is a subset of Course Development Hours.

Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Total Classroom Sessions Delivered

Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.
Total Course Completions

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Clinical Staff Education Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff

Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Clinical Staff Education Expense Elements

Contract Service Expense

Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Clinical Staff Education Mandatory Elements

The following data elements are mandatory for this department:

- Instructional Hours: Employee
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Clinical Staff Education Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Staff Educators formal classroom training time
• Conferences and/or Educational events (clinical or leadership)
• Continuing Medical Education (hours, expenses and workload of the educators/trainers)
• Costs for promotional materials for Educational Services Series department sponsored events
• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)
• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
• Software training for off-the-shelf products and applications, e.g., Microsoft Office
• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical/nursing staff acting as educators who perform unit/department specific training
• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
• Educational technology and media services to be included in the 06240, Learning Technologies
• Employee Assistance (management and administration of the program)
• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)
• Lean Six Sigma program administration and support to be included in the 06235, Organization Development
• Medical Library functions, e.g., Librarian
• Organizational Development, e.g., coaching, culture development
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
• Software training for department-specific computer software applications and/or systems, e.g., RIS for Imaging, OR management system for the Operating Room
• Software training for enterprise-wide computer software and applications, e.g., EMR, financial/budgeting tool
• Staff who perform new employee/ new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits
- Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

- Student interns/trainees

- Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, "career advancement", "attract and retain")

06215, Medical Staff Education

This department is responsible for physician/medical staff education including, but not limited to: orientation, inservice education, regulatory agency training, and all forms of continuing medical education. The educational offerings can be provided in a variety of ways including but not limited to: a classroom, computer-based training (CBT), video vignettes, on the unit or in the department.

Medical Staff Education Mapping Guidelines

If your cost center performs clinical or non-clinical staff training functions, this department might not be an appropriate choice. Other options might include the 06210, Clinical Staff Education department; the 06220, Non-clinical Staff Education department; or the 06230, Staff Education Combined department.

Medical Staff Education Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.
Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.

Instructional Hours: CME, CNE training

Total hours of training provided to physicians and licensed nursing professional (MSN, RN, and LPN) where each person-hour is counted as one unit. Include courses for physician and professional nursing staff education held within the facility, including all forms of continuing medical education. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: CME, CNE training. Count each ¼ hour and round to the nearest ¼ hour for all course lengths.

This is a subset of Instructional Hours: Staff.

Instructional Hours: Non-staff/Other

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other “prep” time.
Instructional Hours: Staff

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

Learner Hours: e-Learning/CBT

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

Learner Hours: Non-staff/Other

Total hours of educational time provided to anyone not employed by the organization by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

Learner Hours: Staff

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

New Hires Supported

Total new employees hired by the facility and supported by the department.

Number of Staff Trained

Total number of individual employees which attended one or more hours of instruction provided by the department.

Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.
Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Total Classroom Sessions Delivered

Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Course Completions

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Medical Staff Education Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Education Specialist and Trainer
Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN
Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider
Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff
Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

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**Medical Staff Education Expense Elements**

**Contract Service Expense**

Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Medical Staff Education Mandatory Elements**

The following data elements are mandatory for this department:

- Instructional Hours: Staff
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Medical Staff Education Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Staff Educators formal classroom training time
• Conferences and/or Educational events (clinical or leadership)
• Continuing Medical Education (hours, expenses and workload of the educators/trainers)
• Costs for promotional materials for Educational Services Series department sponsored events
• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)
• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
• Software training for off-the-shelf products and applications, e.g., Microsoft Office
• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical/nursing staff acting as educators who perform unit/department specific training
• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
• Educational technology and media services to be included in the 06240, Learning Technologies
• Employee Assistance (management and administration of the program)
• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)
• Lean Six Sigma program administration and support to be included in the 06235, Organization Development
• Medical Library functions, e.g., Librarian
• Organizational Development, e.g., coaching, culture development

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

• Software training for department-specific computer software applications and/or systems, e.g., RIS for Imaging, OR management system for the Operating Room

• Software training for enterprise-wide computer software and applications, e.g., EMR, financial/budgeting tool

• Staff who perform new employee/new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits

• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

• Student interns/trainees

• Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, “career advancement”, “attract and retain”)

06220, Non-clinical Staff Education

This department is responsible for non-clinical staff education including, but not limited to: new employee orientation, regulatory training, agency training, and employee/management development. The educational offerings can be provided in a variety of ways including but not limited to: a classroom (on or off-site), computer-based training (CBT), video vignettes, on the unit or in the department. Clinical Staff Education and Medical Staff Education is excluded. (Formerly known as Training and Development).

Non-clinical Staff Education Mapping Guidelines

If your cost center performs clinical and/or physician/medical staff education and training functions more than 20% of the time, this department is not an appropriate choice. Other options might include 06210, Clinical Staff Education department; 06215, Medical Staff Education department or the 06230, Staff Education Combined department.
Non-clinical Staff Education Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.
Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.

Instructional Hours: Non-staff/Other

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other "prep" time.

Instructional Hours: Orientation

Total hours of general orientation provided by the department. For example, include discussions of time cards or time sheets, clocking in, employee benefits, or hospital wide work rules. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Orientation.

This is a subset of Instructional Hours: Staff.

Learner Hours: e-Learning/CBT

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

Learner Hours: Non-staff/Other

Total hours of educational time provided to anyone not employed by the organization by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

Learner Hours: Staff

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

New Hires Supported

Total new employees hired by the facility and supported by the department.
Number of Staff Trained

Total number of individual employees which attended one or more hours of instruction provided by the department.

Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.

Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Total Classroom Sessions Delivered

Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Course Completions

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.
Non-clinical Staff Education Department Hour Elements

Instructional Hours: Staff

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**

Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Non-clinical Staff Education Expense Elements

Contract Service Expense
Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Non-clinical Staff Education Mandatory Elements

The following data elements are mandatory for this department:

- Instructional Hours: Employee
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Non-clinical Staff Education Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Costs for promotional materials for Educational Services Series department sponsored events
• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

• Software training for off-the-shelf products and applications, e.g., Microsoft Office

• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations

• Continuing Medical Education (hours, expenses and workload of the educators/trainers)

• Educational technology and media services to be included in the 06240, Learning Technologies

• Employee Assistance (management and administration of the program)

• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)

• Lean Six Sigma program administration and support to be included in the 06235, Organization Development

• Medical Library functions, e.g., Librarian

• Organizational Development, e.g., coaching, culture development

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

• Software training for department-specific computer software applications and/or systems, e.g., RIS for Imaging, OR management system for the Operating Room

• Software training for enterprise-wide computer software and applications, e.g., EMR, financial/budgeting tool

• Staff who perform new employee/ new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits

• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

• Student interns/trainees

• Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, “career advancement”, “attract and retain”)
06230, Staff Education Combined

This department is responsible for all staff (medical, clinical and non-clinical) education including, but not limited to: orientation, inservice education, regulatory agency training and all forms of continuing medical education. The educational offerings can be provided in a variety of ways including but not limited to: a classroom (on or off-site), computer-based training (CBT), video vignettes, on the unit or in the department.

Staff Education Combined Mapping Guidelines

If you have separate cost centers for clinical staff education, physician/medical staff education, and non-clinical staff education, we suggest you map them individually to the specific department (06210, Clinical Staff Education department; 06215, Medical Staff Education department; 06220, Non-clinical Staff Education department). If you map your cost center(s) to this department, do not create instances of the 06210, Clinical Staff Education department; 06215, Medical Staff Education department; and/or 06220, Non-clinical Staff Education department(s) as well.

Staff Education Combined Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.
**Course Development Hours**

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

**Course Segments Completed**

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

**Inhouse Developed Courses**

Total number of courses developed by staff in this department during the reporting period.

**Instructional Hours: CME, CNE training**

Total hours of training provided to physicians and licensed nursing professional (MSN, RN, and LPN) where each person-hour is counted as one unit. Include courses for physician and professional nursing staff education held within the facility, including all forms of continuing medical education. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: CME, CNE training. Count each ¼ hour and round to the nearest ¼ hour for all course lengths.

This is a subset of Instructional Hours: Staff.

**Instructional Hours: Non-staff/Other**

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other "prep" time.

**Instructional Hours: Orientation**

Total hours of general orientation provided by the department. For example, include discussions of time cards or time sheets, clocking in, employee benefits, or hospital wide work rules. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Orientation.
This is a subset of Instructional Hours: Staff.

**Instructional Hours: Staff**

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

**Learner Hours: e-Learning/CBT**

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

**Learner Hours: Non-staff/Other**

Total hours of educational time provided to anyone not employed by the organization by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

**Learner Hours: Staff**

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

**New Hires Supported**

Total new employees hired by the facility and supported by the department.

**New Hires Supported: Clinical**

Total new nursing or other clinical employees hired by the facility and processed through the department.

This is a subset of New Hires Supported.

**Number of Staff Trained**

Total number of individual employees which attended one or more hours of instruction provided by the department.
Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.

Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Total Classroom Sessions Delivered

Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Course Completions

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Staff Education Combined Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.
Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department payroll who provide educational services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**

Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Staff Education Combined Expense Elements**

**Contract Service Expense**

Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Staff Education Combined Mandatory Elements

The following data elements are mandatory for this department:

- Instructional Hours: Employee
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Staff Education Combined Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Staff Educators formal classroom training time
- Conferences and/or Educational events (clinical or leadership)
- Continuing Medical Education (hours, expenses and workload of the educators/trainers)
- Costs for promotional materials for Educational Services Series department sponsored events
- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
- Software training for off-the-shelf products and applications, e.g., Microsoft Office
- Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
- Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical/nursing staff acting as educators who perform unit/department specific training
- Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
- Educational technology and media services to be included in the 06240, Learning Technologies
- Employee Assistance (management and administration of the program)
• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)

• Lean Six Sigma program administration and support to be included in the 06235, Organization Development

• Medical Library functions, e.g., Librarian

• Organizational Development, e.g., coaching, culture development

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

• Software training for department-specific computer software applications and/or systems, e.g., RIS for Imaging, OR management system for the Operating Room

• Software training for enterprise-wide computer software and applications, e.g., EMR, financial/budgeting tool

• Staff who perform new employee/ new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits

• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

• Student interns/trainees

• Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, “career advancement”; “attract and retain”)

06235, Organizational Development

This department is responsible for the organization-wide effort to increase organization effectiveness and growth through planned interventions in the organization’s processes and development opportunities. Activities may include: Project Management, Coaching, Culture Development, and/or Talent Management.

Organizational Development Mapping Guidelines

If your cost center performs less than 80% Organizational Development activities, this department might not be an appropriate choice. Another option might include the 06230, Staff Education Combined department or the G6200, Other Educational Services department.

Organizational Development Workload Volumes
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.
**Instructional Hours: Non-staff/Other**

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other "prep" time.

**Instructional Hours: Staff**

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

**Learner Hours: e-Learning/CBT**

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

**Learner Hours: Non-staff/Other**

Total hours of educational time provided to anyone not employed by the organization by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

**Learner Hours: Staff**

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

**New Hires Supported**

Total new employees hired by the facility and supported by the department.

**Number of Staff Trained**

Total number of individual employees which attended one or more hours of instruction provided by the department.
Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.

Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Total Classroom Sessions Delivered

Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Course Completions

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Organizational Development Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.
This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Education Specialist and Trainer**

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department payroll who provide educational services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**

Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Organizational Development Expense Elements**

**Contract Service Expense**

Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Organizational Development Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Organizational Development Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Conferences and/or Educational events (clinical or leadership)
• Costs for promotional materials for Educational Services Series department sponsored events
• Lean Six Sigma program administration and support to be included in the 06235, Organization Development
• Organizational Development, e.g., coaching, culture development
• Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, “career advancement”, “attract and retain”)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Continuing Medical Education (hours, expenses and workload of the educators/trainers)
• Educational technology and media services to be included in the 06240, Learning Technologies
• Employee Assistance (management and administration of the program)
• Performance Management, e.g., evaluating current employee performance within a specific job, mid-year, or annual reviews
• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts
06240, Learning Technologies

This department is responsible for the implementation and maintenance of a learning management system (LMS) and the maintenance and storage of computer-based training (CBT) programs or courses.

Learning Technologies Mapping Guidelines

If your cost center performs less than 80% learning technologies activities, this department might not be an appropriate choice. Another option might include the G6200, Other Educational Services department.

Learning Technologies Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions Supported

Enter the total number of segments/sessions completed which required interaction via computer that were supported by this department during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings Supported

Enter the total number of training segments/sessions offered or requiring interaction via computer supported by this department for the reporting period. A segment/session is defined as at least 15-minutes in length. If two or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.
Course Segments Completed Supported
Enter the total number of course segments completed during the reporting period which were supported by this department. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Number of LMS Users Supported
Enter the total number of learning management system users supported by the department for the reporting period.

Total Course Completions Supported
Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Total Course Offerings Supported
Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Learning Technologies Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff

Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Learning Technologies Expense Elements

Contract Service Expense

Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Learning Technologies Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Staff

**Learning Technologies Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Educational technology and media services to be included in the 06240, Learning Technologies

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Medical Library functions, e.g., Librarian

06250, Patient and Family Education

This department is responsible for patient education, including but not limited to: formal classroom training, patient education channels, educational needs assessment, program development and execution functions. Examples include, but are not limited to: childbirth classes, parenting classes, lactation classes, joint replacement education, cardiac (healthy heart) classes, diabetes education, and bariatric classes. Individual instruction/education for inpatients provided at the bedside remains on the unit.

Patient and Family Education Mapping Guidelines

If your cost center performs educational events outside the organization, this department might not be an appropriate choice. Another option might include the 06260, Community Education and Outreach Services department.

Patient and Family Education Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.
Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.

Instructional Hours: Patient and Family

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an course/event lasting two hours attended by 50 individuals equals two Instructional Hours. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

Learner Hours: e-Learning/CBT

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

Learner Hours: Patient and Family

Total hours of patient education provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.
Online Course Development Hours
Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.

Patient Education Events
Total number of patient education events coordinated and delivered during the reporting period by the department.

Purchased Developed Courses
Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Total Classroom Sessions Delivered
Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Course Completions
Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings
Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Total Encounters
Total number of educational encounters between department staff members and individual patients (not groups of patients).
Total Encounters: Inpatient
Total number of educational encounters between department staff members and individual inpatients (not groups of inpatients).
This is a subset of Total Encounters.

Patient and Family Education Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid by physicians/providers on the department’s payroll who provide educational services.
This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer
Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.
This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN
Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.
This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.
**Educational Services**

**Worked Hours: Other Support Staff**
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**
Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**
Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**
Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Patient and Family Education Expense Elements**

**Contract Service Expense**
Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).
This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Patient and Family Education Mandatory Elements**

The following data elements are mandatory for this department:

- Instructional Hours: Patient Education
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Patient and Family Education Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Costs for promotional materials for Educational Services Series department sponsored events
- Diabetes education in a formal classroom setting
- Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)
- Patient Education (formal classes like Asthma, Smoking Cessation, COPD Education)
- Patient education in a classroom setting
Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
- Diabetes education performed at the bedside, on the unit or one-one-one (must be billable)
- Educational technology and media services to be included in the 06240, Learning Technologies
- Employee Assistance (management and administration of the program)
- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
- Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)
- Medical Library functions, e.g., Librarian
- Nutritional education performed at the patient's bedside
- Public Relations

**06260, Community Education and Outreach Services**

This department is responsible for community and consumer education. This department coordinates and delivers health fairs and health screening programs, coordinates speakers bureaus and presentations, and coordinates and delivers community outreach/educational programs for all segments of the facility service population.

**Community Education and Outreach Services Mapping Guidelines**

If your cost center performs educational events targeted to existing patients, this department might not be an appropriate choice. Another option might include the 06250, Patient and Family Education department.
Community Education and Outreach Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Community Education Events

Total number of community education events coordinated by department staff during the reporting period. Concurrent classes are counted as one, so a seminar with three events/classes running concurrently would count as one workload unit. Events must be at least 15 minutes long to be counted, but there is no upper limit on the length of a single event. An all-day event, regardless of breaks in the schedule, counts as a single unit. In the case of health fairs, the entire health fair counts as a single workload unit, regardless of the number of individual events or services involved.

This is a subset of Total Community and Outreach Events

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.
Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.

Instructional Hours: Comm Ed and Outreach Services

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an course/event lasting two hours attended by 50 individuals equals two Instructional Hours. Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. Include employee education, patient education, community education, and outreach services. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

Instructional Hours: Community Education

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an course/event lasting two hours attended by 50 individuals equals two Instructional Hours.

This is a subset of Instructional Hours.

Instructional Hours: Outreach Services

Total hours of outreach education provided by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an course/event lasting two hours attended by 50 individuals equals two Instructional Hours.

This is a subset of Instructional Hours.

Learner Hours: Comm Ed and Outreach Services

Total hours of education provided by the department staff. Example: if a one hour class is given to a group of 25 people, it would result in 25 Education Hours provided. A three hour course taught to a group of 25 people would result in 75 Education Hours provided. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

September 2019

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Learner Hours: Community Education

Total hours of community education provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

This is a subset of Learner Hours: Comm Ed/Outreach Services

Learner Hours: Outreach Services

Total hours of outreach education provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

This is a subset of Learner Hours: Comm Ed/Outreach Services

Outreach Services Events

Total number of outreach services events coordinated by department staff during the reporting period.

This is a subset of Total Community and Outreach Events

Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Speaker Bureau Events

Total number of speaker bureau events coordinated by department staff during the reporting period.

This is a subset of Total Community and Outreach Events

Total Classroom Sessions Delivered

Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Community and Outreach Events

Total number of community education and outreach services events coordinated and delivered during the reporting period by the department.
Total Course Completions

Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings

Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Total Encounters

Total number of educational encounters between department staff members and individual patients (not groups of patients).

Community Education and Outreach Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.
Worked Hours: LPN, LVN

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff

Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Hours worked by registered nurses charged to the department.
This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Community Education and Outreach Expense Elements

Contract Service Expense
Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Community Education and Outreach Services Mandatory Elements

The following data elements are mandatory for this department:

- Instructional Hours: Comm Ed and Outreach Services
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Community Education and Outreach Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
- Costs for promotional materials for Educational Services Series department sponsored events

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Educational technology and media services to be included in the 06240, Learning Technologies
- Employee Assistance (management and administration of the program)
- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
- Medical Library functions, e.g., Librarian
- Nutritional education performed at the patient's bedside
- Patient education in a classroom setting
- Public Relations

F6200, Educational Services Functional Rollup

This department includes all staff (clinical, physician, and non-clinical) education, Organizational Development, Learning Technologies, Patient and Family education, and community education/outreach services functions regardless of reporting relationship.

Educational Services Functional Rollup Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Community Education Events

Total number of community education events coordinated by department staff during the reporting period. Concurrent classes are counted as one, so a seminar with three events/classes running concurrently would count as one workload unit. Events must be at least 15 minutes long to be counted, but there is no upper limit on the length of a single event. An all-day event, regardless of breaks in the schedule, counts as a single unit. In the case of health fairs, the entire health fair counts as a single workload unit, regardless of the number of individual events or services involved.

This is a subset of Total Community and Outreach Events

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.

Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.
**Instructional Hours: CME, CNE training**

Total hours of training provided to physicians and licensed nursing professional (MSN, RN, and LPN) where each person-hour is counted as one unit. Include courses for physician and professional nursing staff education held within the facility, including all forms of continuing medical education. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: CME, CNE training. Count each ¼ hour and round to the nearest ¼ hour for all course lengths.

This is a subset of Instructional Hours: Staff.

**Instructional Hours: Comm Ed and Outreach Services**

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an event lasting two hours attended by 50 individuals equals two Instructional Hours.

**Instructional Hours: Non-staff/Other**

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other "prep" time.

**Instructional Hours: Orientation**

Total hours of general orientation provided by the department. For example, include discussions of time cards or time sheets, clocking in, employee benefits, or hospital wide work rules. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Orientation.

This is a subset of Instructional Hours: Staff.

**Instructional Hours: Patient and Family**

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an event lasting two hours attended by 50 individuals equals two Instructional Hours. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.
**Instructional Hours: Staff**

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

This is a subset of Total Instructional Hours.

**Learner Hours: Comm Ed and Outreach Services**

Total hours of education provided by the department staff. Example: if a one hour class is given to a group of 25 people, it would result in 25 Education Hours provided. A three hour course taught to a group of 25 people would result in 75 Education Hours provided. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

**Learner Hours: e-Learning/CBT**

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

**Learner Hours: Non-staff/Other**

Total hours of educational time provided to anyone not employed by the organization by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

**Learner Hours: Patient and Family**

Total hours of patient education provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

This is a subset of Total Learner Hours.

**Learner Hours: Staff**

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.
New Hires Supported

Total new employees hired by the facility and supported by the department.

New Hires Supported: Clinical

Total new nursing or other clinical employees hired by the facility and processed through the department.

This is a subset of New Hires Supported.

Number of Staff Trained

Total number of individual employees which attended one or more hours of instruction provided by the department.

Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.

Outreach Services Events

Total number of outreach services events coordinated by department staff during the reporting period.

This is a subset of Total Community and Outreach Events

Patient Education Events

Total number of patient education events coordinated and delivered during the reporting period by the department.

Purchased Developed Courses

Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Speaker Bureau Events

Total number of speaker bureau events coordinated by department staff during the reporting period.

This is a subset of Total Community and Outreach Events
Total Classroom Sessions Delivered
Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Community and Outreach Events
Total number of community education and outreach services events coordinated and delivered during the reporting period by the department.

Total Course Completions
Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings
Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Total Encounters
Total number of educational encounters between department staff members and individual patients (not groups of patients).

Total Encounters: Inpatient
Total number of educational encounters between department staff members and individual inpatients (not groups of inpatients).

This is a subset of Total Encounters.

Total Instructional Hours
Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. Include employee education, patient education, community education, and outreach services. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.
Total Learner Hours

Total hours of educational time delivered by the department staff. Include employee education, patient education, community education, and outreach services. For example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours.

Total Patient and Community Education Events

Total number of patient, community, and outreach educational events coordinated by department staff during the reporting period. Events must be at least 15 minutes long to be counted, but there is no upper limit on the length of a single event. An all-day event, regardless of breaks in the schedule, counts as a single unit.

Educational Services Functional Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services. This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects. This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department. This is a subset of Worked Hours: Staff.
Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider
Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff
Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: RN
Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Educational Services Functional Rollup Expense Elements

Contract Service Expense
Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Educational Services Functional Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Instructional Hours
• Worked Hours: Physician Provider
• Worked Hours: Staff

G6200, Other Educational Services

This generic department includes all cost centers belonging to Other Support Services that cannot be mapped to a specific other support services department.

Other Educational Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Community Education Events

Total number of community education events coordinated by department staff during the reporting period. Concurrent classes are counted as one, so a seminar with three events/classes running concurrently would count as one workload unit. Events must be at least 15 minutes long to be counted, but there is no upper limit on the length of a single event. An all-day event, regardless of breaks in the schedule, counts as a single unit. In the case of health fairs, the entire health fair counts as a single workload unit, regardless of the number of individual events or services involved.

This is a subset of Total Community and Outreach Events

Computer-based Training Completions

Enter the total number of segments/sessions completed which required interaction via computer during the reporting period. If you had 3 sessions per course and you had one of each session each week with 10 participants, you would count 1560. (3 sessions x 10 attendees x 52 wks)

This is a component of Total Course Completions.
Computer-based Training Offerings

Enter the total number of training segments/sessions offered or requiring interaction via computer. A segment/session is defined as at least 15-minutes in length. If 2 or more sessions are required to disseminate and complete the course information, you would count each session.

This is a component of Total Course Offerings.

Course Development Hours

Enter the total hours spent by department staff in creating course material during the reporting period. This would include both on-line and live classroom courses either via video or in person. Include time spent on research, document creation and cross-training of department staff of the new material.

Course Segments Completed

Enter the total number of course segments completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count each of the sessions individually. The course segments may be taken online or in a classroom environment and each segment completed would be counted regardless of delivery method.

Inhouse Developed Courses

Total number of courses developed by staff in this department during the reporting period.

Instructional Hours: CME, CNE training

Total hours of training provided to physicians and licensed nursing professional (MSN, RN, and LPN) where each person-hour is counted as one unit. Include courses for physician and professional nursing staff education held within the facility, including all forms of continuing medical education. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: CME, CNE training. Count each ¼ hour and round to the nearest ¼ hour for all course lengths.

This is a subset of Instructional Hours: Staff.

Instructional Hours: Comm Ed and Outreach Services

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an course/event lasting two hours attended by 50 individuals equals two Instructional Hours.
Instructional Hours: Non-staff/Other

Total hours of general/special skills and continuing education instruction provided to anyone other than employed staff (i.e. agency staff, medical students not employed by the hospital) by the staff in this department during the reporting period. Count all instructional hours provided by department educators or by outside sources coordinated by department educators. This is a cumulative count of instructional hours provided (fractions included) and is not affected by the number of participants in the class. For example, an instructor conducts a one hour class to 20 individuals and a one hour class to 10 individuals. This would equal two hours of Instructional Hours: Non-staff/Other. Only actual time spent conducting educational sessions should be included. Do not include curriculum/course development time or other "prep" time.

Instructional Hours: Orientation

Total hours of general orientation provided by the department. For example, include discussions of time cards or time sheets, clocking in, employee benefits, or hospital wide work rules. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Orientation.

This is a subset of Instructional Hours: Staff.

Instructional Hours: Patient and Family

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. For example, an course/event lasting two hours attended by 50 individuals equals two Instructional Hours. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

Learner Hours: Comm Ed and Outreach Services

Total hours of education provided by the department staff. Example: if a one hour class is given to a group of 25 people, it would result in 25 Education Hours provided. A three hour course taught to a group of 25 people would result in 75 Education Hours provided. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

Learner Hours: e-Learning/CBT

Total hours of educational time received via e-Learning or computer-based courses. This is the number of students times the number of estimated course completion hours for each eLearning course taken.

Learner Hours: Non-staff/Other

Total hours of educational time provided to anyone not employed by the organization by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.
Learner Hours: Patient and Family

Total hours of patient education provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest ¼ hour if needed.

This is a subset of Total Learner Hours.

Learner Hours: Staff

Total hours of educational time provided by the department staff. Example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours. Count only attendees that were present for the entire course. Round to the nearest quarter hour if needed.

New Hires Supported

Total new employees hired by the facility and supported by the department.

New Hires Supported: Clinical

Total new nursing or other clinical employees hired by the facility and processed through the department.

This is a subset of New Hires Supported.

Number of Staff Trained

Total number of individual employees which attended one or more hours of instruction provided by the department.

Online Course Development Hours

Enter the total hours spent by department staff in creating course material specifically for online and/or computer-based courses during the reporting period. This would include courses developed for delivery via video also. Include time spent on research, document/application creation and cross-training of department staff of the new material.

This is a subset of Course Development Hours.

Outreach Services Events

Total number of outreach services events coordinated by department staff during the reporting period.

This is a subset of Total Community and Outreach Events
Patient Education Events
Total number of patient education events coordinated and delivered during the reporting period by the department.

Purchased Developed Courses
Total number of courses purchased from an outside developer paid by the department and is reflected in Other Direct Operating Expenses.

Speaker Bureau Events
Total number of speaker bureau events coordinated by department staff during the reporting period.

This is a subset of Total Community and Outreach Events

Total Classroom Sessions Delivered
Enter the total number of sessions offered in a classroom setting with a live instructor. A session would need to be at least 15 minutes in length to be counted. If 2 or more sessions are required to disseminate the course information, you would count each session.

Total Community and Outreach Events
Total number of community education and outreach services events coordinated and delivered during the reporting period by the department.

Total Course Completions
Enter the total number of courses completed during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

This is a component of Total Course Completions.

Total Course Offerings
Enter the total number of courses offered during the reporting period. A course is geared toward a specific subject and if 2 or more sessions are required to disseminate the information outlined in the course description, count the group of sessions as one course. The course may be taken online or in a classroom environment but would still be counted as a single course regardless of delivery method.

Total Encounters
Total number of educational encounters between department staff members and individual patients (not groups of patients).
**Total Encounters: Inpatient**

Total number of educational encounters between department staff members and individual inpatients (not groups of inpatients).

This is a subset of Total Encounters.

**Total Instructional Hours**

Total hours of instructional time delivered by the department staff. This is a product of the number of classes/events multiplied by the length of the class/events in hours, regardless of the number of attendees. Include employee education, patient education, community education, and outreach services. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

**Total Learner Hours**

Total hours of educational time delivered by the department staff. Include employee education, patient education, community education, and outreach services. For example: A one hour course/event is given to a group of 25 people would result in 25 Learner Hours. A three hour course/event taught to a group of 25 people would result in 75 Learner Hours.

**Total Patient and Community Education Events**

Total number of patient, community, and outreach educational events coordinated by department staff during the reporting period. Events must be at least 15 minutes long to be counted, but there is no upper limit on the length of a single event. An all-day event, regardless of breaks in the schedule, counts as a single unit.

**Other Educational Services Department Hour Elements**

**Instructional Hours: Staff**

Total hours of general orientation, general/special skills, and continuing medical education instruction provided by department staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. This is a cumulative count of instruction hours provided (fractions included) and is not affected by the number of participants in the class. For example, a one hour class to 20 employees and a one hour class to 10 employees would equal two hours towards Instructional Hours: Employee. Only actual time spent conducting education sessions should be included. Do not include curriculum development or other "prep" time to Instructional Hours.

This is a subset of Total Instructional Hours.

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide educational services.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Education Specialist and Trainer

Hours worked by staff with a college degree or credentials in education, organizational development or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurses and/or licensed vocational nurses charged to the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Provider
Total hours worked by physicians/providers on the department payroll who provide educational services.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff
Total hours worked by professional staff with a college degree or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: RN
Hours worked by registered nurses charged to the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Educational Services Expense Elements

Contract Service Expense
Total expense for services provided by external/outside contractors (e.g., speaker fees, instructor fees, graphic design work, printing costs, etc).

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid for physicians and advanced practitioners who provide educational services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.

**Medical Supply Expense**
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**
Total contract expense for physicians/providers and physician groups which provide educational services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as advance practitioners, and other advanced practitioners. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Other Educational Services Mandatory Elements**
The following data elements are mandatory for this department:

- Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Instructional Hours
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Other Educational Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Staff Educators formal classroom training time
• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
• Costs for promotional materials for Educational Services Series department sponsored events
• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)
• Public Relations
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
• Staff who perform new employee/ new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits
• Student interns/trainees
Chapter 12. Emergency Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 02010, Emergency Department 521
- 02020, Urgent Care Center Hospital Based 535
- 02021, Urgent Care Center Non Hospital Based 543
- 02030, Air Transport Service - Helicopter and Fixed Wing Aircraft 551
- 02040, Ground Ambulance Service 559
- 02099, Emergency Services Administration 566
- G2000, Other Emergency Care and Emergency Transport Services 572

02010, Emergency Department

This department provides triage, treatment and support for trauma and emergency patients of all ages in an acute care setting. If the department is designated as a trauma site, the hours and expenses related to triage and treatment of trauma patients is included, however, the hours and expenses related to the administration and support of the Trauma program and its services (i.e. Trauma registry, trauma coordinators) would not be included here. Urgent care centers and fast track areas should not be reported as an Emergency Department if they occupy a distinct, separate space and staff from the Emergency Department.

Emergency Department Mapping Guidelines

If this department does not meet the criteria described in the department definition, this department may not be an appropriate choice. Another option might be the G2000, Other Emergency Care and Emergency Transport Services department. If this department is primarily responsible for the administration and support of the trauma program, 02099 Emergency Services Administration may be another option.
Emergency Department Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Length of Stay: Emergency Department to Admission

The average time (in hours) patients are present in the department and are receiving treatment and care from department staff until admission. Include in the average, the time the patient arrives in the Emergency Department (i.e., sign in) to the time the patient leaves the department for admission/transfer to another unit or department.

This is a subset of ED Average Length of Stay.

Average Length of Stay: Emergency Department to Discharged

The average time (in hours) patients are present in the department and are receiving treatment and care from department staff until discharge. Include in the average, the time the patient arrives in the Emergency Department (i.e., sign in) to the time the patient leaves the department. "Leaving" the department includes: discharges (including deaths), transfers to another facility, and walk outs/left without being seen.

This is a subset of ED Average Length of Stay.

Boarder Hours

The total time (in hours) for Emergency Room patients who have been identified for inpatient admission but still reside in the Emergency Department. The time starts with a status change to inpatient (admit decision time via Physician order) and ends with the time of departure from the emergency department. If an ER patient is hospitalized under Observation status but are waiting to move to another unit, count in Boarder Hours since the ED physician made the decision to admit to Observation.

Boarder Hours: Behavioral Health

The total time (in hours) for Behavioral Health Emergency Room patients who have been identified for inpatient admission but still reside in the Emergency Department. The time starts with a status change to inpatient (admit decision time via Physician order) and ends with the time of departure from the emergency department. If a Behavioral Health ER patient is "hospitalized under Observation status" but are waiting to move to another unit, count in Boarder Hours since the ED physician made the decision to "admit to Observation."

This is a subset of Boarder Hours.
Boarder Patients: Behavioral Health

The total number of Behavioral Health Emergency Room patients who have been identified for inpatient admission (medically cleared) but still reside in the Emergency Department (head count).

Critical Care Admissions

Total number of patients admitted to a critical care or intermediate (step-down) unit after emergency care has been provided by the department.

This is a subset of Patient Admissions.

Diversion Hours

The total time (in hours) the department was on diversion status during the reporting period. Diversion is when patients are sent or referred to another facility or location for treatment. Typically, diversion occurs when there are not enough beds or staff available in the emergency room or the hospital itself to adequately care for patients. Diversion may be a result of a high number of Emergency Department visits or due to the complexity of current Emergency Department cases. If you do not divert, please enter a zero.

ED Average Length of Stay

The average time (in hours) patients are present in the emergency department and are receiving treatment and care from department staff. Include the time from arrival to the Emergency Department (i.e., sign in) to the time the patient leaves (physical departure) the department. "Leaving" the department includes: transfers/admission to an inpatient or observation unit, discharges (including deaths), transfers to another facility, and walk outs/leave without being seen. Include boarder patient hours (patients who have been admitted but are housed in the department and are being cared for by department staff while waiting for a bed) when calculating the average length of stay. "Average" is the arithmetic mean obtained by adding several quantities together and dividing the sum by the number of quantities (or the sum of all the time spent in the department divided by the total number of patients).

ED Patient Registrations

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one time use or long term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. "Walkouts" or patients who left without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner/physician's assistant) are included in the registration count. Include only registrations done by ED staff; this specifically excludes registrations by personnel who report through a centralized admission/registration department. Do not include registrations for lab specimens (where only the specimens come to the hospital and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.
ED Visits: Emergency Severity Index - Level 1

Report the number of ED visits with an Emergency Severity Index Level 1 as defined by the Agency for Healthcare Research and Quality (AHRQ) version 4, 2012 edition. Patients assigned to ESI Level 1 are critically ill and require immediate physician evaluation and life saving intervention. Immediate physician involvement in the care of the patient is a key difference between ESI level-1 and ESI level-2 patients.

This is a component of Patient Visits.

ED Visits: Emergency Severity Index - Level 2

Report the number of ED visits with an Emergency Severity Index Level 2 as defined by the Agency for Healthcare Research and Quality (AHRQ) version 4, 2012 edition. Patients assigned to ESI Level 2 do not meet the criteria for ESI level 1 but are unstable and should not wait to be seen. When the patient is an ESI level 2, the triage nurse has determined that it would be unsafe for the patient to remain in the waiting room for any length of time. While ESI does not suggest specific time intervals, ESI level-2 patients remain a high priority, and generally placement and treatment should be initiated rapidly. ESI level-2 patients are very ill and at high risk. The need for care is immediate and an appropriate bed needs to be found.

This is a component of Patient Visits.

ED Visits: Emergency Severity Index - Level 3

ESI level-3 patients are determined not to be high risk or require immediate life saving measures but predicted to require two or more resources.

This is a component of Patient Visits.

ED Visits: Emergency Severity Index - Level 4

ESI level-4 patients are determined not to be high risk or require immediate life saving measures and are predicted to require one resource.

This is a component of Patient Visits.

ED Visits: Emergency Severity Index - Level 5

ESI level-5 patients are determined not to be high risk or require immediate life saving measures and are predicted to require no resources.

This is a component of Patient Visits.
Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Emergency Department Median Length of Stay

The median length of time (in hours) patients are present in the emergency department and are receiving treatment and care from department staff. Include the time from arrival to the Emergency Department (i.e., sign in) to the time the patient leaves the department. "Leaving" (physical departure from) the department includes: transfers/admission to an inpatient or observation unit, discharges (including deaths), transfers to another facility, and walk outs/leaf without being seen. Include boarder patient hours (patients who have been admitted but are housed in the department and are being cared for by department staff while waiting for a bed) when calculating the median length of stay. "Median" is the value that is in the middle of a series of values arranged from smallest to largest; denoting or relating to a value or quantity lying at the midpoint of a frequency distribution of observed values or quantities, such that there is an equal probability of falling above or below it.

Emergency Department Median Length of Stay: Present to Admission

The median length of time (in hours) patients are present in the department and are receiving treatment and care from department staff until admission. Include in the median the time the patient arrives in the Emergency Department (i.e., presents or sign in) to the time the patient leaves the department for admission/transfer to another unit or department.

Emergency Department Median Length of Stay: Present to Discharge

The median length of time (in hours) patients are present in the department and are receiving treatment and care from department staff until discharge. Include in the median the time the patient arrives in the Emergency Department (i.e., sign in) to the time the patient leaves the department. "Leaving" (physical departure from) the department includes: discharges (including deaths), transfers to another facility, and walk outs/left without being seen.

Emergency Department Visits: Behavioral Health

The number of behavioral health patients who visited the Emergency Department for treatment during the reporting period. This may include but is not limited to patients suffering from substance abuse and or mental health conditions. Behavioral Health must be the primary diagnosis to be counted. Examples include Drug and Alcohol withdrawal, dependence and psychoses as well as dementia, mood and personality disorders (tobacco dependency is excluded and patients receiving this diagnosis would not necessitate the psychiatric intensity of resources that the other mental health issues require).

This is a component of Patient Visits, therefore a patient may be counted here as well as in another category (i.e. Pediatric or Geriatric).
Emergency Department Visits: Geriatric

The number of geriatric patients who visited the Emergency Department for treatment during the reporting period. Geriatric patients are patients 65 years of age or greater.

This is a component of Patient Visits, therefore a patient may be counted here as well as in another category (i.e. Behavioral Health).

Emergency Department Visits: Major Trauma

The total visits for patients who required immediate treatment during the reporting period. Clinical signs and symptoms of major trauma patients may include, but are not limited to, unstable vital signs, multi-system injury caused by a blunt or penetrating trauma, and/or severe burns (greater than 15%). Major trauma is not synonymous with ‘emergent’ but is a count of trauma cases requiring immediate medical attention. May also be known as E-M Level 5 and Critical Care (Emergent) visits. Typically, these patient visits would result in admission to an inpatient setting and be coded to a diagnosis that maps to a MS-DRG within MDC 22 (Burns) or MDC 24 (Multiple Significant Trauma).

This is a subset of Emergency Department Visits: Urgent.

Emergency Department Visits: Non Urgent

The total visits for patients who did not require immediate attention or treatment within 30 minutes of presenting to the Emergency Department during the reporting period. Usually, the presenting problem(s) are self limited/minor or are of low to moderate severity. May also be known as E-M Levels 1 and 2 (non-urgent). Typically, these patient visits would be billed using CPT codes 99281 and 99282.

This is a subset of Patient Visits.

Emergency Department Visits: Pediatric

The number of pediatric patients who visited the Emergency Department for treatment during the reporting period. Pediatric patients are patients under the age of 18.

This is a component of Patient Visits, therefore a patient may be counted here as well as in another category (i.e. Behavioral Health).

Emergency Department Visits: Urgent

The total visits for patients who require immediate attention or treatment within 30 minutes of presenting to the Emergency Department. Typically, these patient visits would be billed using CPT codes 99283, 99284, 99285, and 99291.

This is a subset of Patient Visits.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Hours

The total time spent (in hours) in the department for observation patients cared for by department staff. Examples include patients presenting with kidney stone, acute diabetic symptoms, chest pain, or sickle cell event. Please use HCPCS code G0378 (Observation services, per hour) when determining what to include in this element. Do not include border patients (patients who are admitted but housed in the department and cared for by department staff while waiting for a bed on an inpatient unit) or observation hours once an observation patient is moved to a dedicated observation/CDU that is being reported separately.

Outpatient Observation Visits

The total number of observation patients cared for by department staff as outpatients for observation, reported as a head count, regardless of how long the patient stayed in the department. Do not include border patients (patients who are admitted but housed in the department and cared for by department staff while waiting for a bed on an inpatient unit). You may want to use the initial HCPCS code G0378 (Observation services, per hour) when determining what to include in this element.
Patient Admissions

Total patients initially seen in the department, who after being assessed, treated, and stabilized, were admitted as inpatients to the facility.

Patient Treatment Spaces

The total discrete spaces designed and equipped for patients in active treatment. These may be individual treatment rooms or partitioned areas in an open bay concept. Do not include waiting areas, hallways, and/or office space, even if patients are treated there in overflow situations.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or follow up visits for continuing treatment of the same malady or complaint, employee or occupational health, Workers’ Compensation, and referred outpatient visits. A patient visit is counted when the patient is treated and admitted to the hospital, transferred to another facility, or discharged from this area. A patient visit should be counted for patients who leave against medical advice after beginning treatment but not for those "Walkouts" who leave without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner). If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Sitter Hours

The total number of hours worked by staff functioning as patient sitters providing direct observation of patients for the purpose of providing a safer environment for the patient. Exclude security officers called in to department to assist with situations where safety of patients and staff are compromised.

Total LOS: Decision to Disposition

The total length of time (in minutes) from when a licensed independent practitioner (LIP) makes a decision to admit or discharge a patient to when the time that disposition occurs. The disposition can be admitting the patient, discharging the patient or moving the patient to an observation unit.

Total LOS: Physician to Decision

The total length of time (in minutes) from when a patient is seen by licensed independent practitioner (LIP) to the time a decision is made to admit or discharge.

Total LOS: Present to Seen by Physician

The total length of time (in minutes) patients are present in the department until they are seen by a licensed independent practitioner (LIP). This is also known as ER Wait Time.
Transfers to Observation

Total patients initially seen in the department who after being assessed, treated, and stabilized, were transferred out of the department for observation without being admitted to the area of transfer. These patients should not be counted in the Patient Admissions total.

Walkouts

The total number of patients who leave the Urgent Care Center without being seen by a physician, physician assistant or nurse practitioner. Typically these patients are triaged and registered but leave before treatment begins. Do not include patients who leave AMA (Against Medical Advice).

Emergency Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Behavioral Health Specialist

Total hours worked by behavioral health specialist (associates, therapists) that assist with the assessment, management and treatment of patients with mental, emotional or psychosocial disorders.

This is a subset of Worked Hours: Staff.
**Worked Hours: Emergency Department Technician**

Total hours worked by Emergency Department Technicians providing patient care services in this department. ED Technicians provide services that may be alternately provided by RN and/or LPN, LVN staff. An ED Technician may be certified as an Emergency Medical Technician, but the services provided are distinctly different than those provided by an EMT.

This is a subset of Worked Hours: Staff.

**Worked Hours: Emergency Medical Technician**

Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by LPN and or LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health and or psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

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**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

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**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

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**Emergency Department Expense Elements**

**Drug Expense**

Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Emergency Department Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Treatment Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Walkouts
• Worked Hours: Physician Provider

• Worked Hours: Staff

**Emergency Department Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Emergency Department room cleaning between patients (e.g. replacing EKG pads, replacing paper on exam tables, etc.)

• Personnel performing the functions of the department's day to day managerial operations (Emergency Services)

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Personnel performing the functions of the department's day to day managerial operations (Emergency Services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)

• Ambulance service

• Audit of coding for patient charges/billing

• Case Management (manages patient care while the patient is undergoing treatment)

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Dispatch services associated with Ground Transport

• Emergency Room Registrations

• Helicopter service

• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)

• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Emergency Department)
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

- Repair and Maintenance of Clinical Equipment/Rooms

- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

- Security Functions, e.g., visitor control, non-patient escorts, education, investigations of workplace violence interventions. Do not move personnel functioning as a sitter or 1:1 observation; it stays in the department where the patient is located

- Social Workers

- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

- Transplant Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)

- Transport of patients not requiring clinical escort

- Trauma Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)

### 02020, Urgent Care Center Hospital Based

This department provides triage and treatment support for patients requiring urgent attention whose situation is not serious enough for treatment in the Emergency Department. Patients are rarely scheduled for visits; most patients arrive through the Emergency Department triage process. While typically located in the hospital, the Urgent Care Center occupies a distinct and separate space from the Emergency Department. Include fast track areas in this department only if they occupy a distinct and separate space and staff from the Emergency Department.

### Urgent Care Center Hospital Based Mapping Guidelines

If this department is not hospital-based or does not meet the criteria described in the department definition, this department may not be an appropriate choice. Another option might be the 02021, Urgent Care Center Non Hospital Based department.
Urgent Care Center Hospital Based Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Length of Stay: Urgent Care

The average time (in hours) from arrival in the Urgent Care Center (i.e., sign in) to the time the patient is transferred, discharged, or leaves the Urgent Care Center. Include all time from when the patient signs in to the time they depart from the department.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The max number that can be reported is 7.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Outpatient Observation Hours

The total time spent (in hours) in the department for observation patients cared for by department staff. Examples include patients presenting with kidney stone, acute diabetic symptoms, chest pain, or sickle cell event. Please use HCPCS code G0378 (Observation services, per hour) when determining what to include in this element. Do not include boarder patients (patients who are admitted but housed in the department and cared for by department staff while waiting for a bed on an inpatient unit) or observation hours once an observation patient is moved to a dedicated observation/CDU that is being reported separately.

Patient Admissions

Total patients initially seen in the department, who after being assessed, treated, and stabilized, were admitted as inpatients to the facility.
Patient Treatment Spaces

The total discrete spaces designed and equipped for patients in active treatment. These may be individual treatment rooms or partitioned areas in an open bay concept. Do not include waiting areas, hallways, and/or office space, even if patients are treated there in overflow situations.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or follow up visits for continuing treatment of the same malady or complaint, employee or occupational health, Workers' Compensation, and referred outpatient visits. A patient visit is counted when the patient is treated and admitted to the hospital, transferred to another facility, or discharged from this area. A patient visit should be counted for patients who leave against medical advice after beginning treatment but not for those “Walkouts” who leave without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner). If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Scheduled Visits

Total number of patients scheduled to be seen in advance of actual visit.

This is a subset of Patient Visits.

Total Procedures

The total number of procedures performed by a physician or mid level practitioner in the department. Count each CPT code charged through this department as one procedure.

Urgent Care Registrations

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one time use or long term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. “Walkouts” or patients who left without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner/physician's assistant) are included in the registration count. Include only registrations done by ED staff; this specifically excludes registrations by personnel who report through a centralized admission/registration department. Do not include registrations for lab specimens (where only the specimens come to the hospital and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.
Walk in Visits

Total number of patient walk in visits. These are patients that do not have an appointment scheduled in advance.

This is a subset of Patient Visits.

Walkouts

The total number of patients who leave the Urgent Care Center without being seen by a physician, physician assistant or nurse practitioner. Typically these patients are triaged and registered but leave before treatment begins. Do not include patients who leave AMA (Against Medical Advice).

Urgent Care Center Hospital Based Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Behavioral Health Specialist

Total hours worked by behavioral health specialist (associates, therapists) that assist with the assessment, management and treatment of patients with mental, emotional or psychosocial disorders.

This is a subset of Worked Hours: Staff.
**Worked Hours: Emergency Medical Technician**

Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by LPN and or LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health and or psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Urgent Care Center Hospital Based Expense Elements**

**Drug Expense**

Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Urgent Care Center Hospital Based Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Treatment Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Urgent Care Center Hospital Based Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Personnel performing the functions of the department’s day to day managerial operations (Emergency Services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)
- Ambulance service
- Audit of coding for patient charges/billing
- Case Management (manages patient care while the patient is undergoing treatment)
- Dispatch services associated with Ground Transport
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
- Security Functions, e.g., visitor control, non-patient escorts, education, investigations of workplace violence interventions. Do not move personnel functioning as a sitter or 1:1 observation; it stays in the department where the patient is located
- Social Workers
- Urgent Care Registrations- for hospital based Urgent Care departments

02021, Urgent Care Center Non Hospital Based

This department provides triage and treatment support for scheduled and walk-in patients requiring urgent attention. It is not located in the hospital.
Urgent Care Center Non Hospital Based Mapping Guidelines

If this department is hospital based or does not meet the criteria described in the department definition, this department may not be an appropriate choice. Another option might be the 02020, Urgent Care Center Hospital Based department.

Urgent Care Center Non Hospital Based Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Length of Stay: Urgent Care

The average time (in hours) from arrival in the Urgent Care Center (i.e., sign in) to the time the patient is transferred, discharged, or leaves the Urgent Care Center. Include all time from when the patient signs in to the time they depart from the department.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The max number that can be reported is 7.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Patient Registrations

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one time use or long term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. “Walkouts” or patients who left without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner/physician's assistant) are included in the registration count. Include only registrations done by ED staff; this specifically excludes registrations by personnel who report through a centralized admission/registration department. Do not include registrations for lab specimens (where only the specimens come to the hospital and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

Patient Treatment Spaces

The total discrete spaces designed and equipped for patients in active treatment. These may be individual treatment rooms or partitioned areas in an open bay concept. Do not include waiting areas, hallways, and/or office space, even if patients are treated there in overflow situations.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or follow up visits for continuing treatment of the same malady or complaint, employee or occupational health, Workers’ Compensation, and referred outpatient visits. A patient visit is counted when the patient is treated and admitted to the hospital, transferred to another facility, or discharged from this area. A patient visit should be counted for patients who leave against medical advice after beginning treatment but not for those “Walkouts” who leave without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner). If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Scheduled Visits

Total number of patients scheduled to be seen in advance of actual visit.

This is a subset of Patient Visits.

Total Procedures

The total number of procedures performed by a physician or mid level practitioner in the department. Count each CPT code charged through this department as one procedure.
Walk in Visits

Total number of patient walk in visits. These are patients that do not have an appointment scheduled in advance.

This is a subset of Patient Visits.

Walkouts

The total number of patients who leave the Urgent Care Center without being seen by a physician, physician assistant or nurse practitioner. Typically these patients are triaged and registered but leave before treatment begins. Do not include patients who leave AMA (Against Medical Advice).

Urgent Care Center Non Hospital Based Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Behavioral Health Specialist

Total hours worked by behavioral health specialist (associates, therapists) that assist with the assessment, management and treatment of patients with mental, emotional or psychosocial disorders.

This is a subset of Worked Hours: Staff.
**Worked Hours: Emergency Medical Technician**

Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by LPN and or LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e., Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g., nursing assistant, nursing technician, mental health and or psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Urgent Care Center Non Hospital Based Expense Elements**

**Drug Expense**

Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Urgent Care Center Non Hospital Based Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Treatment Spaces
- Patient Visits
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Urgent Care Center Non Hospital Based Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Personnel performing the functions of the department's day to day managerial operations (Emergency Services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)
- Ambulance service
- Audit of coding for patient charges/billing
- Case Management (manages patient care while the patient is undergoing treatment)
- Dispatch services associated with Ground Transport
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Emergency Department)
- Repair and Maintenance of Clinical Equipment/Rooms
- Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
- Security Functions, e.g., visitor control, non-patient escorts, education, investigations of workplace violence interventions. Do not move personnel functioning as a sitter or 1:1 observation; it stays in the department where the patient is located
- Social Workers

02030, Air Transport Service - Helicopter and Fixed Wing Aircraft

The Air Transport Service Helicopter and Fixed Wing Aircraft department provides in-transit care for trauma, critically ill, and injured patients via rotary wing aircraft (helicopters) and fixed wing aircraft.
Air Transport Service - Helicopter and Fixed Wing Aircraft Mapping Guidelines

If this is a contracted service and you are able to collect workload volumes, it is appropriate to map to this department. If this is a contracted service and you are not able to collect workload volumes or if your department does not meet the department definition, other mapping options might include the G2000, Other Emergency Care and Emergency Transport Services department, or the G6900, Other Services department.

Air Transport Service - Helicopter and Fixed Wing Aircraft Workload Volumes

Active Scene Transports

The total round trip flights taken to transport patients from the scene (in field location) of an accident or injury to a health care facility. Round trips are to be counted as 1 transport.

This is a component of Active Transports.

Active Transports

The total round trip flights to transport patients to a health care facility. Transport can be provided by the facility, commercial airlines, or the military. It may be local or long distance and can include transport for donated organs. Include flights made that were subsequently aborted, i.e., no patient was transported. Round trips are to be counted as 1 transport. Exclude training, testing, or other non-patient related flights.

Active Transports: Fixed Wing

The total round trip flights using a fixed wing aircraft to transport patients to a health care facility. Round trips are to be counted as 1 transport.

This is a subset of Active Transports.

Active Transports: Helicopter

The total round trip flights using a helicopter to transport patients to a health care facility. Round trips are to be counted as 1 transport.

This is a subset of Active Transports.

Flight Hours

The total hours of flight time logged in the flight manifest/record which supported active transports by the department.
**Flight Hours: Fixed Wing**

The total fixed wing flight hours in support of active transports logged in by the department in the flight record.

This is a subset of Flight Hours.

**Flight Hours: Helicopter**

The total helicopter flight hours in support of active transports logged in by the department in the flight record.

This is a subset of Flight Hours.

**Number of Aircraft Operated**

Total number of aircraft, fixed wing and rotary maintained and in operation.

**Number of Fixed Wing Aircraft**

Total number of fixed wing aircraft maintained and in operation.

This is a subset of Number of Aircraft Operated.

**Air Transport Service - Helicopter and Fixed Wing Aircraft Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.
Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dispatcher

Total hours worked by Dispatchers for the reporting period.

Worked Hours: Emergency Medical Technician

Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Ground Crew

Total hours worked by flight ground crew personnel (mechanics, etc.).

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pilot**

Total hours worked by pilots.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Air Transport Service - Helicopter and Fixed Wing Aircraft Expense Elements

Drug Expense
Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.

Fixed Wing Contract Expense
Total expense for Fixed Wing services provided by outside contractors. Include all rental (lease) pilot, maintenance, supplies, parts, fuel, and miscellaneous expenses associated with the contract.

This is a subset of Helicopter And Fixed Wing Contract Expense.

Helicopter And Fixed Wing Contract Expense
The total expense for helicopter and fixed wing service contracts. Include all rental and lease costs for labor (pilot) and equipment, maintenance, supplies (i.e. fuel, parts), and miscellaneous expenses associated with the contracts.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Air Transport Service - Helicopter and Fixed Wing Aircraft Mandatory Elements

The following data elements are mandatory for this department:

- Active Transports
- Labor Expense
- Labor Expense: Physician Provider
• Medical Supply Expense
• Non Medical Supply Expense
• Number of Aircraft Operated
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Air Transport Service - Helicopter and Fixed Wing Aircraft Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Helicopter and Fixed Wing Aircraft Dispatch Services
• Helicopter service
• Personnel performing the functions of the department’s day to day managerial operations (Emergency Services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)
• Audit of coding for patient charges/billing
• Dispatch services associated with Ground Transport
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Emergency Department)
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
• Transport of organs via air (fixed wing or helicopter) or ground ambulance

02040, Ground Ambulance Service

The Ground Ambulance Service department provides in-transit care and transport to and from the facility for acute patients via ground ambulance. This department may also include a communications center/dispatch service for 911 calls and intra-facility transports.

Ground Ambulance Service Mapping Guidelines

If this is a contracted service and you are able to collect workload volumes, it is appropriate to map to this department. If this is a contracted service and you are not able to collect workload volumes or if your department does not meet the department definition, other mapping options might include the G2000, Other Emergency Care and Emergency Transport Services department, or the G6900, Other Services department.

Ground Ambulance Service Workload Volumes

Canceled Trips

The total number of trips canceled during the reporting period.

This is a subset of Trips.

Emergency Scene Responses

The total number of emergency requests for ambulance response to a location/scene of an emergency. Include responses to another hospital or urgent care centers in this count.

Emergent/Urgent Responses

The total number of emergent/urgent responses to calls originating in a hospital, including your hospital, to bring a patient to another hospital for emergent/urgent care.

EMS Drop Offs

The total number of emergency medical service drop offs. This may include transporting a patient to another facility or residence.

Miles Logged

The total miles logged by department ambulances in support of specific requests. The miles may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.
Non-Emergency (Routine) Responses
The total number of non-emergency/routine responses to calls originating in a hospital, including your hospital, to bring a patient to another hospital for non-emergent/routine care.

Non-Emergency (Routine) Scene Responses
The total number of requests for ambulance response to a location/scene of a routine, non-emergency nature. For example, the response may be for dialysis patients or scheduled physician/office/hospital visits.

Non-Emergency, External Trips
The total number of non-emergency external trips made from one hospital, including your hospital, to any external location other than another hospital. This may include patients being discharged or transferred to a sub-acute setting, home, hospice or skilled nursing facility.

Number of Ambulances Operated
Total number of ambulances maintained and in operation.

Patient Transports Performed
The total number of one way patient transports performed by the ground ambulance staff. Transportation of a patient from one destination to another counts as a transport. For example, a patient is transported from one facility to a different facility. This counts as one transport. In another example, the ambulance leaves the base to transport a patient from the hospital to a long term care facility. From the long term care facility, the ambulance departs for an accident scene to pick up a victim, transporting them back to the hospital, and then returns to their base of operations. This counts as two transports.

Patients Transferred to Higher Level Facility
The total number of patients transferred out of the emergency department to another acute care facility to receive clinical care that is not available in your hospital. These may include patients who are transferred when resources that are usually available are not, such as when a CT or MRI are non operational. It may also include stroke, cardiac, trauma, OB, transplant patients, etc. for whom your facility does not have the services available to treat the patient.

Transport Requests Received
Total number of patient transport requests received, this is not limited to transports that have been completed by department staff.

Trips
The total two way trips (count both the departure and return to base of operations as one trip) made by department staff in response to specific requests. The trip may be to bring a victim to the hospital, to transfer a patient to another facility, or to take a victim to another facility.
Ground Ambulance Service Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dispatcher
Total hours worked by Dispatchers for the reporting period.

Worked Hours: Emergency Medical Technician
Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN
Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Ground Ambulance Service Expense Elements

Contract Service Expense
Total expense for services (e.g., maintenance) provided by outside contractors.
This is a subset of Other Direct Operating Expense.

Drug Expense
Total department pharmaceutical expense.
This is a subset of Medical Supply Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Ground Ambulance Service Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Non Medical Supply Expense
- Number of Ambulances Operated
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Transports Performed
• Physician Provider Professional Fee Expense
• Trips
• Worked Hours: Physician Provider
• Worked Hours: Staff

Ground Ambulance Service Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Ambulance service
• Dispatch services associated with Ground Transport
• Personnel performing the functions of the department's day to day managerial operations (Emergency Services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Audit of coding for patient charges/billing
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)
• Helicopter and Fixed Wing Aircraft Dispatch Services
• Internal wheelchair or ambulatory patient transport
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Emergency Department)
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
- Transport of organs via air (fixed wing or helicopter) or ground ambulance

02099, Emergency Services Administration

This department performs the overall administrative and general support tasks for the entire Emergency Services series departments. These tasks and functions include, but are not limited to: administrative and clerical support for the entire series; research and trauma program (responsible for regulatory compliance, performance improvement activities, clinical research, health professionals education, community hospital/EMS outreach, data collection and community injury prevention specific to trauma cases) and the associated management of these support activities.

Emergency Services Administration Mapping Guidelines

If your actual cost center(s) capture less than 80% of the administration and support activities and expenses for all of Emergency Services, this department may not be an appropriate choice. Other options might include the G2000, Other Emergency Care and Emergency Transport Services department.

Emergency Services Administration Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Patient Visits Supported

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Emergency Services Administration Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: Behavioral Health Specialist**

Total hours worked by behavioral health specialist (associates, therapists) that assist with the assessment, management and treatment of patients with mental, emotional or psychosocial disorders.

This is a subset of Worked Hours: Staff.

**Worked Hours: Emergency Department Technician**

Total hours worked by Emergency Department Technicians providing patient care services in this department. ED Technicians provide services that may be alternately provided by RN and/or LPN, LVN staff. An ED Technician may be certified as an Emergency Medical Technician, but the services provided are distinctly different than those provided by an EMT.

This is a subset of Worked Hours: Staff.

**Worked Hours: Emergency Medical Technician**

Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health and or psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Trauma Coordinator**

Total hours worked by trauma program coordinator. Trauma Coordinators may be responsible for maintaining compliance with trauma system regulatory requirements, planning and implementing strategies for ongoing trauma program development and improvement and collaborating with all other health care professionals to provide clinical and system oversight for the care of trauma patients, ensuring the provision of efficient, quality, cost-effective care.

This is a subset of Worked Hours: Staff.

**Emergency Services Administration Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Drug Expense**

Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

This is a subset of Labor Expense.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Emergency Services Administration Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight Supported
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Visits Supported
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Emergency Services Administration Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Emergency Department)
• Trauma Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Audit of coding for patient charges/billing
• Case Management (manages patient care while the patient is undergoing treatment)
• Personnel performing the functions of the department’s day to day managerial operations (Emergency Services)
• Repair and Maintenance of Clinical Equipment/Rooms
• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories
• Transplant Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)
• Transport of patients not requiring clinical escort

G2000, Other Emergency Care and Emergency Transport Services

This generic department includes all cost centers belonging to emergency care and emergency transport services that cannot be mapped to individual emergency care or transport services departments.
Other Emergency Care and Emergency Transport Services Workload Volumes

Active Transports

The total round trip flights to transport patients to a health care facility. Transport can be provided by the facility, commercial airlines, or the military. It may be local or long distance and can include transport for donated organs. Include flights made that were subsequently aborted, i.e., no patient was transported. Round trips are to be counted as 1 transport. Exclude training, testing, or other non-patient related flights.

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

ED Patient Registrations

Report the number of ED patient registrations during the reporting period. Walkouts or patients who left without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner/physician’s assistant) are included in the registration count. Include only registrations done by ED staff; this specifically excludes registrations by personnel who report through a centralized admission/registration department. Do not include registrations for lab specimens (where only the specimens come to the hospital and not the patient) in this count. Each preregistration or each quick registration that creates a patient encounter should be counted as an individual registration.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or follow up visits for continuing treatment of the same malady or complaint, employee or occupational health, Workers’ Compensation, and referred outpatient visits. A patient visit is counted when the patient is treated and admitted to the hospital, transferred to another facility, or discharged from this area. A patient visit should be counted for patients who leave against medical advice after beginning treatment but not for those “Walkouts” who leave without being seen (after registration/triage but before being evaluated or treated by a physician or nurse practitioner). If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Trips

The total two way trips (count both the departure and return to base of operations as one trip) made by department staff in response to specific requests. The trip may be to bring a victim to the hospital, to transfer a patient to another facility, or to take a victim to another facility.
Other Emergency Care and Emergency Transport Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Behavioral Health Specialist

Total hours worked by behavioral health specialist (associates, therapists) that assist with the assessment, management and treatment of patients with mental, emotional or psychosocial disorders.

This is a subset of Worked Hours: Staff.

Worked Hours: Dispatcher

Total hours worked by Dispatchers for the reporting period.

Worked Hours: Emergency Department Technician

Total hours worked by Emergency Department Technicians providing patient care services in this department. ED Technicians provide services that may be alternately provided by RN and/or LPN, LVN staff. An ED Technician may be certified as an Emergency Medical Technician, but the services provided are distinctly different than those provided by an EMT.

This is a subset of Worked Hours: Staff.
**Worked Hours: Emergency Medical Technician**

Total hours worked by certified Emergency Medical Technicians (EMTs) in the Emergency Department separate and distinct from services provided by ED Technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Ground Crew**

Total hours worked by flight ground crew personnel (mechanics, etc.).

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by LPN and or LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health and or psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Paramedics**

Total hours worked by certified Paramedics in the Emergency Department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pilot**

Total hours worked by pilots.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Other Emergency Care and Emergency Transport Services Expense Elements

Drug Expense
Total department pharmaceutical expense.
This is a subset of Medical Supply Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

This is a subset of Labor Expense.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Other Emergency Care and Emergency Transport Services Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
• Labor Expense: Physician Provider
• Medical Supply Expense
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Other Emergency Care and Emergency Transport Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Personnel performing the functions of the department’s day to day managerial operations (Emergency Services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, (Emergency Services)
• Audit of coding for patient charges/billing
• Case Management (manages patient care while the patient is undergoing treatment)
• Daily or terminal cleaning and wall washing for ancillary patient procedure areas
• Emergency Room Registrations
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)
• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Emergency Department)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and Maintenance of Clinical Equipment/Rooms

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

• Transplant Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)

• Transport of patients not requiring clinical escort

• Trauma Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)
Chapter 13. Environmental Services

This chapter includes the following sections:

- 05210, Environmental Services and Linen Distribution 581
- 05211, Environmental Services 586
- 05220, Laundry and Linen: In-House Reprocessing 592
- 05221, Laundry and Linen: Distribution Only 596
- G5200, Other Environmental and Linen Services 601

05210, Environmental Services and Linen Distribution

This department provides care and cleaning of the facility interior physical plant including floors, walls, ceilings, windows, furniture, furnishings, fixtures and equipment. It also provides laundry and linen distribution service to the facility, including weighing/sorting soiled goods for outside laundry processing, receiving/inspecting finished goods, and preparing/distributing finished goods.

Environmental Services and Linen Distribution Mapping Guidelines

If the cost center does not provide laundry and linen distribution functions, use the 05211, Environmental Services department.

Environmental Services and Linen Distribution Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
**Emergency Department and Procedural Treatment Area Cleanings Completed**

The total patient area cleanings performed in the Emergency Department or other patient clinical treatment spaces. This may include cleanings in treatment areas for Electrophysiology, Interventional Radiology, Endoscopy etc. This count may include inpatients or outpatients, but should exclude IP bed discharge or transfer cleanings.

This is a subset of Total Cleanings Completed.

**Inpatient Bed Discharge And Transfer Cleanings**

The total patient area cleanings performed as a result of an inpatient discharge or transfer.

This is a subset of Total Cleanings Completed.

**Net Square Feet Cleaned**

The total net square feet of interior floor area of the plant routinely cleaned and serviced by department staff. Routinely cleaned means that this department provides the normal cleaning function. Use the internal measurements of the hospital and free-standing buildings for calculation. Do not include areas not cleaned by the department, such as parking structures, maintenance work areas, boiler rooms, and electrical or plumbing areas. The kitchen may or may not be included depending on which department routinely has cleaning responsibility. If these figures are not maintained, contact the department that prepares the hospital cost reports. This is usually an individual in the accounting, budgeting, or reimbursement department. They may use net square footage statistics for certain cost allocations. If accurate figures cannot be obtained, deduct 20 percent from the facility gross exterior footage.

**Non-Hospital Net Square Feet Cleaned**

The total net square feet of non-hospital interior floor area routinely cleaned and serviced by department staff. Includes the portion in net square feet cleaned that is not part of the hospital. The hospital is defined as all departments included in the operating expenses for the General Facility department. As a rule, medical office buildings or buildings rented out are not part of the hospital. This is a subset of Net Square Feet Cleaned.

**Pounds of Clean Laundry Distributed**

The total pounds of clean laundry distributed throughout the facility by department staff. Includes all laundry distributed by the housekeeping and laundry distribution department. If the department processes the laundry, which includes cleaning and drying it, you may have an inappropriate department. If only dirty laundry weights are maintained instead, multiply the dirty laundry weight by .90 (90 percent).

**Total Cleanings Completed**

The total patient area cleanings performed as a result of patient discharge or transfer. As a reasonability check, compare this count to the total number of facility discharges. If the department has sole responsibility for this function, the discharge or transfer cleanings should be greater than the facility discharges. These counts may include cleaning for inpatient nursing units, observations beds or other areas where patient clinical treatment takes place that requires a discharge cleaning.
Environmental Services and Linen Distribution Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Custodial Worker

Total hours worked by custodial workers (housekeeping aides).

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Environmental Services and Linen Distribution Expense Elements

Cleaning Supply Expense
Total expense for stocked and non-stocked cleaning supplies.
This is a subset of Supply Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Laundry Service Contract Expense
Total expense for outside contractors to provide laundry service, if charged to this department.
This is a subset of Other Direct Operating Expense.

Management Contract Fees
Total expense for external management contract services.
This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Environmental Services and Linen Distribution Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Net Square Feet Cleaned
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Environmental Services and Linen Distribution Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal
- Daily or terminal cleaning and wall washing for ancillary patient procedure areas
- Environmental services functions, e.g., cleaning services
- Moving and rearranging of furniture and office equipment (for the purposes of cleaning floors and carpets)
- Routine mopping, waxing/buffing floors, stripping/refinishing floors and wall/ceiling cleaning

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
- Disposal costs of all waste materials
- Emergency Department room cleaning between patients (e.g. replacing EKG pads, replacing paper on exam tables, etc.)

- Endoscopy (GI) procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens

- Exterior cleanup, e.g., snow removal, leaf and debris cleanup from sidewalks, driveways, parking lots and structures

- Exterior trash pickup, e.g., sidewalks, driveways, parking lots and structures

- Grounds/Landscaping

- Interior painting

- Kitchen cleaning and daily cleaning of dining areas

- Operation of hospital incinerator

- Pest control (this may be a purchased service)

- Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

- Waste removal/hauling from an onsite, centralized location, e.g., dumpster to an offsite location: landfill, waste management facility, incinerator

05211, Environmental Services

This department provides care and cleaning of the facility interior physical plant, including floors, walls, ceilings, windows, furniture, furnishings, fixtures, and equipment. It does not include laundry and linen distribution functions.

Environmental Services Mapping Guidelines

If the cost center also provides laundry and linen distribution functions, use the 05210, Environmental Services and Linen Distribution Services department.
Environmental Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Emergency Department and Procedural Treatment Area Cleanings Completed

The total patient area cleanings performed in the Emergency Department or other patient clinical treatment spaces. This may include cleanings in treatment areas for Electrophysiology, Interventional Radiology, Endoscopy etc. This count may include inpatients or outpatients, but should exclude IP bed discharge or transfer cleanings.

This is a subset of Total Cleanings Completed.

Hospital Net Square Feet Cleaned

The total net square feet of floor area (measured from wall to wall) routinely serviced by the environmental services staff in the hospital proper. Count the square footage of hospital areas only serviced by environmental services staff. If the square footage changes during the reporting period, report the average square footage serviced during the period.

This is a subset of Net Square Feet Cleaned.

Inpatient Bed Discharge And Transfer Cleanings

The total patient area cleanings performed as a result of an inpatient discharge or transfer.

This is a subset of Total Cleanings Completed.

Net Square Feet Cleaned

The total net square feet of interior floor area of the plant routinely cleaned and serviced by department staff. Routinely cleaned means that this department provides the normal cleaning function. Use the internal measurements of the hospital and free-standing buildings for calculation. Do not include areas not cleaned by the department, such as parking structures, maintenance work areas, boiler rooms, and electrical or plumbing areas. The kitchen may or may not be included depending on which department routinely has cleaning responsibility. If these figures are not maintained, contact the department that prepares the hospital cost reports. This is usually an individual in the accounting, budgeting, or reimbursement department. They may use net square footage statistics for certain cost allocations. If accurate figures cannot be obtained, deduct 20 percent from the facility gross exterior footage.
**Non Hospital Net Square Feet Cleaned**

The total net square feet of non-hospital interior floor area routinely cleaned and serviced by department staff. Includes the portion in net square feet cleaned that is not part of the hospital. The hospital is defined as all departments included in the operating expenses for the General Facility department. As a rule, medical office buildings or buildings rented out are not part of the hospital.

This is a subset of Net Square Feet Cleaned.

**Total Cleanings Completed**

The total patient area cleanings performed as a result of patient discharge or transfer. As a reasonability check, compare this count to the total number of facility discharges. If the department has sole responsibility for this function, the discharge or transfer cleanings should be greater than the facility discharges. These counts may include cleaning for inpatient nursing units, observations beds or other areas where patient clinical treatment takes place that requires a discharge cleaning.

**Environmental Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Custodial Worker**

Total hours worked by custodial workers (housekeeping aides).

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Environmental Services Expense Elements**

**Cleaning Supply Expense**

Total expense for stocked and non-stocked cleaning supplies.

This is a subset of Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Management Contract Fees**

Total expense for external management contract services.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Environmental Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Net Square Feet Cleaned
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Environmental Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal
- Daily or terminal cleaning and wall washing for ancillary patient procedure areas
- Environmental services functions, e.g., cleaning services
• Moving and rearranging of furniture and office equipment (for the purposes of cleaning floors and carpets)

• Routine mopping, waxing/buffing floors, stripping/refinishing floors and wall/ceiling cleaning

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Emergency Department room cleaning between patients (e.g. replacing EKG pads, replacing paper on exam tables, etc.)

• Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens

• Disposal costs of all waste materials

• Distribution of clean linen to user departments

• Endoscopy (GI) procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens

• Exterior cleanup, e.g., snow removal, leaf and debris cleanup from sidewalks, driveways, parking lots and structures

• Exterior trash pickup, e.g., sidewalks, driveways, parking lots and structures

• Grounds/Landscaping

• Interior painting

• Kitchen cleaning and daily cleaning of dining areas

• Operation of hospital incinerator

• Pest control (this may be a purchased service)

• Sorting of soiled linen, mending/patching linen, manufacturing items, and uniform processing (exclude if your laundry is processed externally)

• Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

• Waste removal/hauling from an onsite, centralized location, e.g., dumpster to an offsite location: landfill, waste management facility, incinerator
05220, Laundry and Linen: In-House Reprocessing

The Laundry and Linen: In-House Reprocessing department provides laundry and linen cleaning services to the facility, including weighing, sorting, and cleaning of soiled goods and drying, ironing, repairing, inspecting and organizing for distribution of all finished goods.

Laundry and Linen: In-House Reprocessing Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Internal Pounds Processed

This represents the finished (clean) weight, of all linen processed for internal hospital use.

This is a subset of Laundry Pounds Processed.

Laundry Pounds Processed

The total weight of clean laundry processed. Includes all laundry cleaned, dried, and distributed by the in-house laundry department. If only soiled laundry is weighed, multiply the total by .90 (90 percent) to approximate clean weight. If this department staff does not process at least 80 percent or the hospital's laundry needs, this may be an inappropriate department.

Nursing Laundry Pounds Processed

The total weight of finished (clean) laundry processed for inpatient nursing units. Includes all laundry for patient use, including nursery. It does not include ambulatory surgery unit areas. Do not include laundry for staff.

This is a subset of Internal Pounds Processed.

Operating Room Laundry Pounds Processed

The total weight of finished (clean) laundry processed for the operating rooms. Includes all laundry for patient surgery use, including OR scrub suits. The laundry may go to central sterile services for actual distribution to the surgery department. Do not include laundry for staff uniforms.

This is a subset of Internal Pounds Processed.
Other Laundry Pounds Processed
Total weight of finished (clean) laundry processed for all other hospital areas not reported above.
This is a subset of Internal Pounds Processed.

Outside Laundry Pounds Processed
The total weight of finished (clean) laundry processed for other facilities. This includes laundry processed for contracted organizations or related hospitals that are part of the same corporation.
This is a subset of Laundry Pounds Processed.

Routine Unit Laundry Replenishments
The total laundry or linen carts or closets, in units, routinely replenished during the reporting period.

Staff Laundry Pounds Processed
Total weight of finished (clean) laundry (garments / uniforms) processed for hospital staff. Exclude OR scrub suits.
This is a subset of Internal Pounds Processed.

Laundry and Linen: In-House Reprocessing Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Laundry Worker
Total hours worked by laundry workers.
This is a subset of Worked Hours: Staff.
Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Laundry and Linen: In-House Reprocessing Expense Elements

Equipment Maintenance Contract Expense
Total expense for outside contractors to maintain capital equipment and non-capital devices. Includes both formal contracts and time-and-material for as-needed services. Excludes fully outsourced department costs.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Linen Supply Expense

Total expense for linen supplies, including OR scrub suits.

This is a subset of Supply Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Washing Chemical Supply Expense

Total expense for stocked and non-stocked washing chemical supplies.

This is a subset of Supply Expense.
Laundry and Linen: In-House Reprocessing Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Nursing Laundry Pounds Processed
- Labor Expense
- Laundry Pounds Processed
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Laundry and Linen: In-House Reprocessing Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Distribution of clean linen to user departments
- Sorting of soiled linen, mending/patching linen, manufacturing items, and uniform processing (exclude if your laundry is processed externally)

05221, Laundry and Linen: Distribution Only

This department provides laundry and linen distribution services to the facility, including weighing or sorting soiled goods for outside laundry processing, receiving or inspecting finished goods, and preparing and distributing finished goods.

Laundry and Linen: Distribution Only Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Nursing Laundry Pounds Distributed

The total weight of finished (clean) laundry distributed to inpatient nursing units. This includes distribution to the inpatient nursing floors, not processing of the laundry. This also includes all laundry for inpatient use, including nursery. It does not include ambulatory surgery unit areas. Do not include laundry for staff.

This is a subset of Pounds Of Clean Laundry Distributed.

Operating Room Laundry Pounds Distributed

The total weight of clean laundry distributed to the operating rooms. This includes distribution to surgery units, whether inpatient or ambulatory. This includes all laundry for patient surgery use, including OR scrub suits. Laundry may go to central sterile services for actual distribution to the surgery department. Do not include laundry for staff uniforms.

This is a subset of Pounds Of Clean Laundry Distributed.

Other Laundry Pounds Distributed

Total weight of finished (clean) laundry distributed to all other areas not reported above.

This is a subset of Pounds Of Clean Laundry Distributed.

Pounds of Clean Laundry Distributed

The total pounds of clean laundry distributed throughout the facility by department staff. Includes all laundry distributed by the housekeeping and laundry distribution department. If the department processes the laundry, which includes cleaning and drying it, you may have an inappropriate department. If only dirty laundry weights are maintained instead, multiply the dirty laundry weight by .90 (90 percent).

Routine Unit Laundry Replenishments

The total laundry or linen carts or closets, in units, routinely replenished during the reporting period.

Staff Laundry Pounds Distributed

Total weight of finished (clean) laundry (garments / uniforms) distributed to hospital staff. Exclude OR scrub suits.

This is a subset of Pounds Of Clean Laundry Distributed.
Laundry and Linen: Distribution Only Department Hours Elements

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: Laundry Worker**

Total hours worked by laundry workers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Laundry and Linen: Distribution Only Expense Elements

**Contract Service Expense**
Total expense for laundry processing services provided by an outside contractor.

This is a subset of Other Direct Operating Expense.

**Labor Expense**
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Linen Supply Expense**
Total expense for linen supplies, including OR scrub suits.

This is a subset of Supply Expense.

**Operating Lease Expense**
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**
Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

**Laundry and Linen: Distribution Only Mandatory Elements**

The following data elements are mandatory for this department:

- Inpatient Nursing Laundry Pounds Distributed
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Pounds of Clean Laundry Distributed
- Worked Hours: Staff

**Laundry and Linen: Distribution Only Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Distribution of clean linen to user departments

**G5200, Other Environmental and Linen Services**

This generic department includes all cost centers belonging to environmental services that cannot be mapped to individual environmental services departments.

**Other Environmental and Linen Services Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Other Environmental and Linen Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Custodial Worker

Total hours worked by custodial workers (housekeeping aides).

This is a subset of Worked Hours: Staff.

Worked Hours: Laundry Worker

Total hours worked by laundry workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other Environmental and Linen Services Expense Elements**

**Equipment Maintenance Contract Expense**

Total expense for outside contractors to maintain capital equipment and non-capital devices. Includes both formal contracts and time-and-material for as-needed services. Excludes fully outsourced department costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Laundry Service Contract Expense**

Total expense for outside contractors to provide laundry service, if charged to this department.

This is a subset of Other Direct Operating Expense.

**Management Contract Fees**

Total expense for external management contract services.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Other Environmental and Linen Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Other Environmental and Linen Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal
- Daily or terminal cleaning and wall washing for ancillary patient procedure areas
- Environmental services functions, e.g., cleaning services
- Moving and rearranging of furniture and office equipment (for the purposes of cleaning floors and carpets)
- Routine mopping, waxing/buffing floors, stripping/refinishing floors and wall/ceiling cleaning

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Cardiology and Vascular Services procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
- Disposal costs of all waste materials
- Endoscopy (GI) procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens
- Exterior cleanup, e.g., snow removal, leaf and debris cleanup from sidewalks, driveways, parking lots and structures
- Exterior trash pickup, e.g., sidewalks, driveways, parking lots and structures
- Grounds/Landscaping
- Interior painting
- Kitchen cleaning and daily cleaning of dining areas
- Operation of hospital incinerator
- Pest control (this may be a purchased service)
- Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)
- Waste removal/hauling from an onsite, centralized location, e.g., dumpster to an offsite location: landfill, waste management facility, incinerator
Chapter 14. Facility Services

This chapter includes the following sections:

- 05001, Plant Operations/Plant Maintenance and Grounds 606
- 05010, Plant Maintenance and Grounds 612
- 05020, Plant Operations 618
- 05030, Facilities Improvement and Modification Services 623
- 05040, Biomedical Engineering 628
- 05099, Facility Services Administration 634
- F5000, Facility Operations and Maintenance Functional Rollup Department 638
- G5000, Other Facility Services 643
- I5000, Facilities Operations and Maintenance Intermediate Rollup 648

05001, Plant Operations/Plant Maintenance and Grounds

Plant Operations/Plant Maintenance and Grounds (PO/PM/G) provides functions related to the repair and preventative maintenance of power plant, major systems and related equipment (such as HVAC systems, plumbing, building automation, electrical systems, and medical gases), the physical plant, and grounds. Clinical Engineering or facility improvement and modification functions should NOT be included.

PO/PM/G Mapping Guidelines

If your organization has separate cost centers for plant operations and plant maintenance and grounds, use an alternate department. Options include the 05020, Plant Operations department and the 05010, Plant Maintenance and Grounds department.
PO/PM/G Workload Volumes

Acres of Grounds Maintained
The total acreage of grounds maintained by the department staff. (Department staff includes any hours reported in the Non-Payroll Paid Hours). Include the area that is maintained, cleaned, or landscaped by department staff. Include parking lots or parking structures (single or multi-level) if maintained by the department.

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Gross Square Feet Maintained
Report the total gross square feet of the plant routinely maintained by the department staff. Use the external measurements of the hospital and free-standing buildings in the calculation. Also include building roof areas if they contain equipment that is accessed and maintained by the department staff. Exclude parking lots, parking structures, and grounds in this count. A warehouse occupied by inventory staff and equipped with a heating and cooling system should be included in the count. Do not include unoccupied buildings if they are not routinely maintained during the data period. For example, a property maintained only upon request should not be included in the count.

Pieces of Equipment Maintained
The total pieces of equipment receiving preventative maintenance by the department staff. Include all capital or non-capital equipment that routinely receives preventative maintenance. Preventative maintenance does not apply to equipment that is serviced only for repair order requests. Equipment must receive maintenance at least once per year to qualify. A master control log that the facility uses for providing cyclical preventative maintenance may provide this value. If equipment is serviced in modular fashion (that is, several components receive preventative maintenance independently instead of the item being serviced as a whole) count each component.

Preventative Maintenance Work Orders
The total preventative maintenance work orders completed by division staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance. Maintenance orders includes repairs of equipment and facility. If a repair overlaps reporting periods, count the repair during the first reporting period that it's at least 50 percent complete.
Service Calls Completed
Total user-requested and preventative maintenance work orders completed.

PO/PM/G Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Maintenance Worker
Total hours worked by maintenance workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Stationary Engineer
Total hours worked by stationary engineers. A stationary engineer is an operator of boilers, steam turbines, auxiliary equipment (i.e. air compressors/pumps) or refrigeration machinery.

This is a subset of Worked Hours: Staff.

PO/PM/G Expense Elements

Building Automation And Fire Extinguishing System Expense
total building automation and fire extinguishing system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Building Structure And Grounds Expense
Total building structure and grounds expense.

This is a subset of Equipment Maintenance Contract Expense.

Equipment Maintenance Contract Expense
Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

HVAC And Plumbing System Expense
Total HVAC and plumbing system expense.

This is a subset of Equipment Maintenance Contract Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Maintenance Supply Expense
Total expense for stocked and non-stocked maintenance supplies.
This is a subset of Supply Expense.

**Normal And Emergency Electrical System Expense**

Total normal and emergency electrical systems expense.

This is a subset of Equipment Maintenance Contract Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Service Contracts Expense**

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Utility Expense**

Total expense related to energy usage (e.g. electric, gas, water, sewer) for the reporting period for the entire organization supported.
This expense is not included in Other Direct Operating Expense.

**Waste Disposal System Expense**

Total waste disposal system expense.

This is a subset of Equipment Maintenance Contract Expense.

**PO/PM/G Mandatory Elements**

The following data elements are mandatory for this department:

- Gross Square Feet Maintained
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**PO/PM/G Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Disposal costs of all waste materials
- Exterior cleanup, e.g., snow removal, leaf and debris cleanup from sidewalks, driveways, parking lots and structures
- Exterior trash pickup, e.g., sidewalks, driveways, parking lots and structures
- Grounds/Landscaping
- Interior painting
- Operation of hospital incinerator
- Personnel performing the functions of the department’s day to day managerial operations (Facility)
- Pest control (this may be a purchased service)
• Waste removal/hauling from an onsite, centralized location, e.g., dumpster to an offsite location: landfill, waste management facility, incinerator

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)

• Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal

• Drivers of patient shuttles

• Moving and rearranging of furniture and office equipment (for the purposes of cleaning floors and carpets)

• Operation of hospital parking garage and valet parking program

• Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)

• Routine mopping, waxing/buffing floors, stripping/refinishing floors and wall/ceiling cleaning

05010, Plant Maintenance and Grounds

The Plant Maintenance and Grounds department performs plant and grounds maintenance functions. It does not perform plant operations, power plant operations and major systems preventative maintenance, clinical engineering, or facility improvement and modification functions.

Plant Maintenance and Grounds Mapping Guidelines

If your cost center performs plant operations, power plant operations and major systems preventative maintenance, biomedical engineering, or facility improvement and modification functions, use an alternate department. If the plant operations function is included and cannot be separated as distinct cost centers, map to the 05001, Plant Operations/Plant Maintenance and Grounds department.

Plant Maintenance and Grounds Workload Volumes

Acres of Grounds Maintained

The total acreage of grounds maintained by the department staff. (Department staff includes any hours reported in the Non-Payroll Paid Hours). Include the area that is maintained, cleaned, or landscaped by department staff. Include parking lots or parking structures (single or multi-level) if maintained by the department.
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Gross Square Feet Maintained

Report the total gross square feet of the plant routinely maintained by the department staff. Use the external measurements of the hospital and free-standing buildings in the calculation. Also include building roof areas if they contain equipment that is accessed and maintained by the department staff. Exclude parking lots, parking structures, and grounds in this count. A warehouse occupied by inventory staff and equipped with a heating and cooling system should be included in the count. Do not include unoccupied buildings if they are not routinely maintained during the data period. For example, a property maintained only upon request should not be included in the count.

Miscellaneous Requests (Non Routine)

Total user-requested and preventative unscheduled maintenance work orders completed during the reporting period.

This is a subset of Service Calls Completed.

Preventative Maintenance Work Orders

The total preventative maintenance work orders completed by division staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance. Maintenance orders includes repairs of equipment and facility. If a repair overlaps reporting periods, count the repair during the first reporting period that it's at least 50 percent complete.

This is a subset of Routine Service Calls.

Project Requests (Non Routine)

Total number of non routine project request for the reporting period.

This is a subset of Service Calls Completed.

Routine Service Calls

The total preventative maintenance work orders completed by division staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance. Include routine service calls and preventative maintenance work order Project requests.
This is a subset of Service Calls Completed.

**Service Calls Completed**

Total user-requested and preventative maintenance work orders completed.

**Plant Maintenance and Grounds Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Maintenance Worker**

Total hours worked by maintenance workers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Plant Maintenance and Grounds Expense Elements

Building Automation And Fire Extinguishing System Expense

Total building automation and fire extinguishing system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Building Structure And Grounds Expense

Total building structure and grounds expense.

This is a subset of Equipment Repair and Maintenance Expense.

Equipment Maintenance Contract Expense

Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

HVAC And Plumbing System Expense

Total HVAC and plumbing system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Maintenance Supply Expense**

Total expense for stocked and non-stocked maintenance supplies.

This is a subset of Supply Expense.

**Normal and Emergency Electrical Systems Expense**

Total normal and emergency electrical systems expense.

This is a subset of Equipment Repair and Maintenance Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Service Contracts Expense**

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.
Waste Disposal System Expense

Total waste disposal system expense.

This is a subset of Equipment Maintenance Contract Expense.

Plant Maintenance and Grounds Mandatory Elements

The following data elements are mandatory for this department:

- Gross Square Feet Maintained
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Plant Maintenance and Grounds Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Exterior trash pickup, e.g., sidewalks, driveways, parking lots and structures
- Grounds/Landscaping
- Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)
- Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal
- Personnel performing the functions of administrative and managerial oversight operations (Facility)
05020, Plant Operations

The Plant Operations department performs power plant operations and major systems preventative maintenance functions for systems such as HVAC systems, plumbing, building automation, electrical systems, and medical gases.

Plant Operations Mapping Guidelines

If your cost center performs plant maintenance (work requests), grounds, biomedical engineering, or facility improvement and modification, use an alternate department. If plant maintenance and grounds functions are included but cannot be separated as distinct cost centers, map to the 05001, Plant Operations/Plant Maintenance and Grounds department.

Plant Operations Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Gross Square Feet Maintained

Report the total gross square feet of the plant routinely maintained by the department staff. Use the external measurements of the hospital and free-standing buildings in the calculation. Also include building roof areas if they contain equipment that is accessed and maintained by the department staff. Exclude parking lots, parking structures, and grounds in this count. A warehouse occupied by inventory staff and equipped with a heating and cooling system should be included in the count. Do not include unoccupied buildings if they are not routinely maintained during the data period. For example, a property maintained only upon request should not be included in the count.

Pieces of Equipment Maintained

The total pieces of equipment receiving preventative maintenance by the department staff. Include all capital or non-capital equipment that routinely receives preventative maintenance. Preventative maintenance does not apply to equipment that is serviced only for repair order requests. Equipment must receive maintenance at least once per year to qualify. A master control log that the facility uses for providing cyclical preventative maintenance may provide this value. If equipment is serviced in modular fashion (that is, several components receive preventative maintenance independently instead of the item being serviced as a whole) count each component.
Preventative Maintenance Work Orders

The total preventative maintenance work orders completed by division staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance. Maintenance orders includes repairs of equipment and facility. If a repair overlaps reporting periods, count the repair during the first reporting period that it's at least 50 percent complete.

Plant Operations Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Maintenance Worker

Total hours worked by maintenance workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Stationary Engineer

Total hours worked by stationary engineers. A stationary engineer is an operator of boilers, steam turbines, auxiliary equipment (i.e. air compressors/pumps) or refrigeration machinery.

This is a subset of Worked Hours: Staff.

Plant Operations Expense Elements

Building Automation And Fire Extinguishing System Expense

Total building automation and fire extinguishing system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Building Structure And Grounds Expense

Total building structure and grounds expense.

This is a subset of Equipment Maintenance Contract Expense.

Equipment Maintenance Contract Expense

Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

HVAC And Plumbing System Expense

Total HVAC and plumbing system expense.
This is a subset of Equipment Maintenance Contract Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Maintenance Supply Expense**

Total expense for stocked and non-stocked maintenance supplies.

This is a subset of Supply Expense.

**Normal And Emergency Electrical System Expense**

Total normal and emergency electrical systems expense.

This is a subset of Equipment Maintenance Contract Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Service Contracts Expense**

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Utility Expense

Total expense related to energy usage (e.g. electric, gas, water, sewer) for the reporting period for the entire organization supported.

This expense is not included in Other Direct Operating Expense.

Waste Disposal System Expense

Total waste disposal system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Plant Operations Mandatory Elements

The following data elements are mandatory for this department:

- Gross Square Feet Maintained
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Plant Operations Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Disposal costs of all waste materials
- Exterior cleanup, e.g., snow removal, leaf and debris cleanup from sidewalks, driveways, parking lots and structures
- Interior painting
• Operation of hospital incinerator
• Personnel performing the functions of the department’s day to day managerial operations (Facility)
• Pest control (this may be a purchased service)
• Waste removal/hauling from an onsite, centralized location, e.g., dumpster to an offsite location: landfill, waste management facility, incinerator

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)
• Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal
• Drivers of patient shuttles
• Moving and rearranging of furniture and office equipment (for the purposes of cleaning floors and carpets)
• Operation of hospital parking garage and valet parking program
• Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)
• Routine mopping, waxing/buffing floors, stripping/refinishing floors and wall/ceiling cleaning

05030, Facilities Improvement and Modification Services

The Facilities Improvement and Modification Services (FIMS) department performs or manages all planning, construction, and related services on capital projects for all structures affiliated with hospital operations, such as offices, clinics, and outpatient surgery centers. Include cost centers pertaining to building design, engineering, construction, or modification.

FIMS Mapping Guidelines

This department does not perform plant maintenance, work requests, grounds maintenance, plant operations, or clinical engineering. For grounds, use the 05010, Plant Maintenance and Grounds department; for plant operations, use the 05020, Plant Operations department; and for biomedical engineering, use the 05040, Biomedical Engineering department.
FIMS Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Fair Market Value of Projects

The total estimated cost of completed and in progress projects either constructed by or overseen by the Facilities Improvement and Modification Services department. Estimated value of the projects includes accepted bids for work performed by outside contractors, and outside contractor low bids (or internal estimates if no outside bids were obtained) for work performed by department staff. This would cover projects in progress during the reporting period.

Note: If a project straddles reporting periods, allocate the costs attributable to this reporting period based on progress reports.

Projects in Progress

The total capital projects in progress during the report period.

Projects in progress include active planning, architectural drawings, permits, and construction by the department during the report period. Include projects in progress from prior periods, as well as new projects started this period. Initiation starts from the time the department first becomes involved in architectural drawings, permits, or construction. Report the total number of projects under $5,000 in “Projects In Progress under $5,000”.

Projects in Progress Under $5,000

Total capital projects in progress during the Report Period with a Fair Market Value of less than $5,000. Projects in progress refers to active planning, architectural drawings, permits, and construction by the department during the Report Period.

This is a subset of Projects in Progress.

Projects Valued Under $5,000

The total estimated cost of completed projects either constructed by or overseen by the Facilities Improvement and Modification Services department. Estimated value of the projects includes accepted bids for work performed by outside contractors, and outside contractor low bids (or internal estimates if no outside bids were obtained) for work performed by department staff. This would cover projects in progress during the reporting period.
This is a subset of Fair Market Value of Projects.

Note: If a project straddles reporting periods, allocate the costs attributable to this reporting period based on progress reports.

FIMS Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Construction Worker
Total hours worked by construction workers engaged in facility improvement and modification projects.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**FIMS Expense Elements**

**Construction Materials Expenditure**

Total expenditure for construction materials.

This expenditure is not included in Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**FIMS Mandatory Elements**

The following data elements are mandatory for this department:

- Fair Market Value of Projects
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**FIMS Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Personnel performing the functions of the department’s day to day managerial operations (Facility)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)
- Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)
05040, Biomedical Engineering

This department, also known as clinical engineering, manages and maintains medical equipment. It is responsible for testing, repairing, and maintaining in proper and safe operating condition, the hospital’s and/or health system’s diagnostic and therapeutic equipment (excluding implants; single-use or single-patient-use medical devices; patient transportation devices (wheelchairs, stretchers, etc.); networks, computers, and other IT or communications hardware and software unless they are an integral part of a medical equipment). The department staff perform or contribute to the following on clinical equipment used within the hospital and/or health system, regardless of ownership, in compliance with regulatory agencies: Equipment Planning and Acquisition; Incoming Inspection; Installation and Acceptance; Scheduled and Unscheduled Maintenance; Recalls, Corrections and Updates; Incident Investigations; Replacement and Retirement; Special Request Service.

Biomedical Engineering Mapping Guidelines

If your cost center(s) includes plant operations, plant maintenance, grounds maintenance, IT, communications, and/or facility improvement services, this department is not an appropriate choice. Map your cost center(s) to the G5000, Other Facilities Operations and Maintenance Services department.

Biomedical Engineering Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Capital Equipment Maintained

The total number of capitalized medical equipment whose maintenance is the sole responsibility of this department, regardless of whether they received service from the department during the reporting period. This value is typically available from the department's inventory module within its computerized maintenance management system (CMMS). Multiple component systems, such as Imaging systems and equipment composed of modules, should be counted as a single piece. Accessories and disposable products should be excluded, as well as medical devices maintained by other departments, such as wheelchairs, stretchers, patient call systems, etc.

Note: Capitalization thresholds vary from facility to facility, therefore you will need to answer the four characteristic survey questions to define your organization's threshold amount.
This is a subset of Equipment and Devices Maintained.

**Corrective Maintenance Orders Completed**

The total number of repair work orders completed by department staff. Includes emergency and routine work on capital equipment and non-capital devices, regardless of ownership. Only count work orders completed and closed during the reporting period, not orders placed with the department but not yet complete. If a repair overlaps reporting periods, count the repair during the first reporting period in which it was at least 50 percent complete.

This is a subset of Service Orders Completed.

**Cost of Capital Equipment**

The total acquisition cost of capital devices counted in the data element Capital Equipment Maintained, including the purchase price, shipping, and installation costs. The cost of non-purchased equipment is to be included if they are maintained through scheduled service and/or repairs, but not for incoming inspection only.

**Note:** Capitalization thresholds vary from facility to facility, therefore you will need to answer the four characteristic survey questions to define your organization's threshold amount.

**Cost of Non Capital Devices**

The total acquisition cost of non-capital devices counted in the data element Non Capital Devices Maintained, including the purchase price, shipping, and installation costs. The cost of non-purchased devices is to be included if they are maintained through scheduled service and/or repairs, but not for incoming inspection only. Note: Capitalization thresholds vary from facility to facility, therefore you will need to answer the four characteristic survey questions to define your organization's threshold amount.

**Equipment and Devices Maintained**

The total number of capital equipment and non-capital medical devices whose maintenance is the sole responsibility of this department. These values are typically available from the department's inventory module within its computerized maintenance management system (CMMS). Multiple component systems, such as Imaging systems and equipment composed of modules, should be counted as a single piece. Accessories and disposable products should be excluded, as well as medical devices maintained by other departments, such as wheelchairs, stretchers, patient call systems, etc.
Non Capital Devices Maintained

The total number of non-capitalized medical devices whose maintenance is the sole responsibility of this department, regardless of whether they received service from the department during the reporting period. Examples of such devices include otoscopes, sphygmomanometers, and minor surgical instruments (forceps, scalpels, etc.). This value is typically available from the department's inventory module within its computerized maintenance management system (CMMS).

**Note:** Capitalization thresholds vary from facility to facility, therefore you will need to answer the four characteristic survey questions to define your organization’s threshold amount.

This is a subset of Equipment and Devices Maintained.

Other Work Orders Completed

The total number of all other service requests completed by department staff and not included in the other elements above. Examples include: incoming inspections, installations, recalls and upgrades, and incident investigations.

This is a subset of Service Orders Completed.

Scheduled Maintenance Orders Completed

The total number of scheduled maintenance work orders completed by department staff. Includes all preventive maintenance (PM) and safety and performance inspections (SPI) work on capital equipment and non-capital devices. Only count work orders completed and closed during the reporting period, not orders placed with the department but not yet complete. If a repair overlaps reporting periods, count the repair during the first reporting period in which it was at least 50 percent complete.

This is a subset of Service Orders Completed.

Service Orders Completed

The total number of service orders on capital equipment and non-capital devices completed by department staff. Includes all scheduled and unscheduled (repairs and others) work orders. Each service order counts as a single workload unit regardless of the number of items serviced. Only count service orders completed and closed during the reporting period, not service orders placed with the department but not yet complete.
Biomedical Engineering Department Hours Elements

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Clinical Engineers and Biomedical Equip Techs**

Total hours worked by clinical engineers and biomedical equipment technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Biomedical Engineering Expense Elements

Contract Management Fee Expense
Total expense for external management of the department. Includes only management fees, if segregated, but not contract labor expense and cost of supplies, parts and material provided by the external management company. Excludes technical equipment insurance expense.

This is a subset of Other Direct Operating Expense.

Equipment Maintenance Contract Expense
Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense with the exception of labor. Includes professional fees, department supplies, parts and materials used for maintenance, test and measurement equipment calibration and repairs, education and training, membership dues, travel, subscriptions, etc. Exclude equipment rental fees, small (non-capitalized) equipment purchase, depreciation, building rent expense, utilities, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Parts and Material Expense**

Total expense for parts and material for the maintenance of capital equipment and non-capital devices. Includes items purchased by all departments (Biomed and Users), regardless to where they are eventually charged. Parts and materials includes, but is not limited to: components, sub-assemblies, printed circuit boards, transducers, x-ray tubes, photo multipliers, and crystals. Excludes interdepartmental transfers of parts and materials expense, and supplies reported in Supply Expense.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies that have not been included in Parts and Material below. Includes basic hardware, chemicals, office supplies, etc. that are used for multiple devices and equipment.

This is a subset of Other Direct Operating Expense.

**Biomedical Engineering Mandatory Elements**

The following data elements are mandatory for this department:

- Capital Equipment Maintained
- Cost of Capital Equipment
- Equipment and Devices Maintained
- Hospital Beds Served
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Biomedical Engineering Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Clinical Engineer and/or Biomedical Technician

• Personnel performing the functions of the department’s day to day managerial operations (Facility)

• Repair and Maintenance of Clinical Equipment/Rooms

• Repair and maintenance of patient beds and other clinical equipment

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)

• Cleaning of ventilators

• Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)

**05099, Facility Services Administration**

This department performs the overall administrative and general support tasks for the entire Facility Services series. These tasks and functions include, but are not limited to design, management, and control of functions, such as plant operations, plant maintenance, ground maintenance, biomedical engineering, and facilities improvement and modification.

**Facility Services Administration Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Gross Square Feet Maintained**

Report the total gross square feet of the plant routinely maintained by the department staff. Use the external measurements of the hospital and free-standing buildings in the calculation. Also include building roof areas if they contain equipment that is accessed and maintained by the department staff. Exclude parking lots, parking structures, and grounds in this count. A warehouse occupied by inventory staff and equipped with a heating and cooling system should be included in the count. Do not include unoccupied buildings if they are not routinely maintained during the data period. For example, a property maintained only upon request should not be included in the count.
**Pieces of Equipment Maintained**

The total pieces of equipment receiving preventative maintenance by the department staff. Include all capital or non-capital equipment that routinely receives preventative maintenance. Preventative maintenance does not apply to equipment that is serviced only for repair order requests. Equipment must receive maintenance at least once per year to qualify. A master control log that the facility uses for providing cyclical preventative maintenance may provide this value. If equipment is serviced in modular fashion (that is, several components receive preventative maintenance independently instead of the item being serviced as a whole) count each component.

**Projects In Progress**

The total capital projects in progress during the report period. Projects in progress include active planning, architectural drawings, permits, and construction by the department during the report period. Include projects in progress from prior periods, as well as new projects started this period. Initiation starts from the time the department first becomes involved in architectural drawings, permits, or construction.

**Service Calls Supported**

The total user-requested and preventative maintenance work orders supported by department staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance, plus all maintenance orders received from other user departments. Maintenance orders includes repairs of equipment and facility. If a repair overlaps reporting periods, count the repair during the reporting period that it is 100 percent complete. The following service calls are included: Routine service calls, preventative maintenance work orders, project requests (non-routine), miscellaneous requests (non-routine). For more information on devices maintained, refer to Pieces of Equipment Maintained.

**Facility Services Administration Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Facility Architect and Designer**

Total hours worked by architects, facility engineers, space planners and designers.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Facility Services Administration Expense Elements

Equipment Maintenance Contract Expense

Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Facility Services Administration Mandatory Elements**

The following data elements are mandatory for this department:

- Gross Square Feet Maintained
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Facility Services Administration Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)
Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

Personnel performing the functions of the department’s day to day managerial operations (Facility)

**F5000, Facility Operations and Maintenance Functional Rollup Department**

This department includes all facilities administration, plant and grounds maintenance, plant operations/utilities, biomedical engineering, and facility improvement and modification functions regardless of reporting relationship.

**FOM Functional Rollup Workload Volumes**

**Acres of Grounds Maintained**

The total acreage of grounds maintained by the department staff. (Department staff includes any hours reported in the Non-Payroll Paid Hours). Include the area that is maintained, cleaned, or landscaped by department staff. Include parking lots or parking structures (single or multi-level) if maintained by the department.

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Gross Square Feet Maintained**

Report the total gross square feet of the plant routinely maintained by the department staff. Use the external measurements of the hospital and free-standing buildings in the calculation. Also include building roof areas if they contain equipment that is accessed and maintained by the department staff. Exclude parking lots, parking structures, and grounds in this count. A warehouse occupied by inventory staff and equipped with a heating and cooling system should be included in the count. Do not include unoccupied buildings if they are not routinely maintained during the data period. For example, a property maintained only upon request should not be included in the count.
**Pieces of Equipment Maintained**

The total pieces of equipment receiving preventative maintenance by the department staff. Include all capital or non-capital equipment that routinely receives preventative maintenance. Preventative maintenance does not apply to equipment that is serviced only for repair order requests. Equipment must receive maintenance at least once per year to qualify. A master control log that the facility uses for providing cyclical preventative maintenance may provide this value. If equipment is serviced in modular fashion (that is, several components receive preventative maintenance independently instead of the item being serviced as a whole) count each component.

**Pieces of Equipment Maintained by Engineering Staff**

The total pieces of equipment requiring preventative maintenance maintained by engineering staff.

This is a subset of Pieces of Equipment Maintained.

**Service Calls Completed**

Total user-requested and preventative maintenance work orders completed.

**FOM Functional Rollup Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Clinical Engineers and Biomedical Equip Techs**

Total hours worked by clinical engineers and biomedical equipment technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Construction Worker**

Total hours worked by construction workers engaged in facility improvement and modification projects.

This is a subset of Worked Hours: Staff.
**Worked Hours: Facility Architect and Designer**

Total hours worked by architects, facility engineers, space planners and designers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Maintenance Worker**

Total hours worked by maintenance workers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Stationary Engineer**

Total hours worked by stationary engineers. A stationary engineer is an operator of boilers, steam turbines, auxiliary equipment (i.e. air compressors/pumps) or refrigeration machinery.

This is a subset of Worked Hours: Staff.
FOM Functional Rollup Expense Elements

Building Automation And Fire Extinguishing System Expense
Total building automation and fire extinguishing system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Building Structure And Grounds Expense
Total building structure and grounds expense.

This is a subset of Equipment Maintenance Contract Expense.

Equipment Maintenance Contract Expense
Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

HVAC And Plumbing System Expense
Total HVAC and plumbing system expense.

This is a subset of Equipment Maintenance Contract Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Maintenance Supply Expense
Total expense for stocked and non-stocked maintenance supplies.

This is a subset of Supply Expense.

Normal And Emergency Electrical System Expense
Total normal and emergency electrical systems expense.

This is a subset of Equipment Maintenance Contract Expense.
Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Utility Expense
Total expense related to energy usage (e.g. electric, gas, water, sewer) for the reporting period for the entire organization supported.

This expense is not included in Other Direct Operating Expense.

Waste Disposal System Expense
Total waste disposal system expense.

This is a subset of Equipment Repair and Maintenance Expense.

FOM Functional Rollup Department Mandatory Elements
The following data elements are mandatory for this department:

- Gross Square Feet Maintained
• Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff

G5000, Other Facility Services

This generic department includes all cost centers belonging to Facilities Operations and Maintenance Services that cannot be mapped to a more specific operations and maintenance department.

Other Facility Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Other Facility Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Engineers and Biomedical Equip Techs

Total hours worked by clinical engineers and biomedical equipment technicians.
This is a subset of Worked Hours: Staff.

**Worked Hours: Construction Worker**
Total hours worked by construction workers engaged in facility improvement and modification projects.

This is a subset of Worked Hours: Staff.

**Worked Hours: Facility Architect and Designer**
Total hours worked by architects, facility engineers, space planners and designers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Maintenance Worker**
Total hours worked by maintenance workers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**
Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Stationary Engineer**

Total hours worked by stationary engineers. A stationary engineer is an operator of boilers, steam turbines, auxiliary equipment (i.e. air compressors/pumps) or refrigeration machinery.

This is a subset of Worked Hours: Staff.

**Other Facility Services Expense Elements**

**Building Automation And Fire Extinguishing System Expense**

Total building automation and fire extinguishing system expense.

This is a subset of Equipment Repair and Maintenance Expense.

**Building Structure And Grounds Expense**

Total building structure and grounds expense.

This is a subset of Equipment Maintenance Contract Expense.

**Equipment Maintenance Contract Expense**

Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

**HVAC And Plumbing System Expense**

Total HVAC and plumbing system expense.

This is a subset of Equipment Maintenance Contract Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor.

Include on call or standby expense. Exclude benefits such as FICA.

**Maintenance Supply Expense**

Total expense for stocked and non-stocked maintenance supplies.
This is a subset of Supply Expense.

Normal And Emergency Electrical System Expense
Total normal and emergency electrical systems expense.
This is a subset of Equipment Maintenance Contract Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

Supply Expense
Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

Utility Expense
Total expense related to energy usage (e.g. electric, gas, water, sewer) for the entire organization supported for the reporting period. Report a zero here if your facility has either the 05001, Plant Operations / Plant Maintenance and Grounds department or the 05020, Plant Operations department.
This expense is not included in Other Direct Operating Expense.

Waste Disposal System Expense
Total waste disposal system expense.
This is a subset of Equipment Repair and Maintenance Expense.

**Other Facility Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Other Facility Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Engineer and/or Biomedical Technician
- Disposal costs of all waste materials
- Exterior cleanup, e.g., snow removal, leaf and debris cleanup from sidewalks, driveways, parking lots and structures
- Exterior trash pickup, e.g., sidewalks, driveways, parking lots and structures
- Grounds/Landscaping
- Interior painting
- Operation of hospital incinerator
- Personnel performing the functions of administrative and managerial operations oversight for the departments within the series (Facility)
- Pest control (this may be a purchased service)
- Repair and Maintenance of Clinical Equipment/Rooms
- Repair and maintenance of patient beds and other clinical equipment
- Waste removal/hauling from an onsite, centralized location, e.g., dumpster to an offsite location: landfill, waste management facility, incinerator
Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, office coordination, scheduling. (Facility Services)
- Collection of waste throughout the hospital and delivery to a central collection point including preparation/decontamination for disposal
- Drivers of patient shuttles
- Moving and rearranging of furniture and office equipment (for the purposes of cleaning floors and carpets)
- Operation of hospital parking garage and valet parking program
- Personnel performing the functions of administrative and managerial oversight operations (Facility)
- Routine mopping, waxing/buffing floors, stripping/refinishing floors and wall/ceiling cleaning

I5000, Facilities Operations and Maintenance Intermediate Rollup

This intermediate rollup is automatically created when a department instance is created for 05001, Plant Operations, Plant Maintenance and Grounds department; 05010, Plant Maintenance and Grounds department; and 05020, Plant Operations department; in order to provide appropriate sample sizes for comparative analysis based on defined compare groups. It includes all functions related to the repair and preventative maintenance of power plant, major systems and related equipment (such as HVAC systems, plumbing, building automation, electrical systems, and medical gases), the physical plant, and grounds. Clinical Engineering or facility improvement and modification functions are not included.

Facilities Operations and Maintenance Intermediate Rollup Workload Volumes

Acres of Grounds Maintained

The total acreage of grounds maintained by the department staff. (Department staff includes any hours reported in the Non-Payroll Paid Hours). Include the area that is maintained, cleaned, or landscaped by department staff. Include parking lots or parking structures (single or multi-level) if maintained by the department.
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Gross Square Feet Maintained

Total gross area of plant routinely maintained.

Miscellaneous Requests (Non Routine)

Total user-requested and preventative unscheduled maintenance work orders completed during the reporting period.

This is a subset of Service Calls Completed.

Pieces of Equipment Maintained

The total pieces of equipment receiving preventative maintenance by the department staff. Include all capital or non-capital equipment that routinely receives preventative maintenance. Preventative maintenance does not apply to equipment that is serviced only for repair order requests. Equipment must receive maintenance at least once per year to qualify. A master control log that the facility uses for providing cyclical preventative maintenance may provide this value. If equipment is serviced in modular fashion (that is, several components receive preventative maintenance independently instead of the item being serviced as a whole) count each component.

Preventative Maintenance Work Orders

The total preventative maintenance work orders completed by division staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance. Maintenance orders includes repairs of equipment and facility. If a repair overlaps reporting periods, count the repair during the first reporting period that it’s at least 50 percent complete.

This is a subset of Routine Service Calls.

Project Requests (Non Routine)

Total number of non routine project request for the reporting period.

This is a subset of Service Calls Completed.
Routine Service Calls

The total preventative maintenance work orders completed by division staff. This includes all equipment service calls completed on equipment that routinely receives preventative maintenance. Include routine service calls and preventative maintenance work order Project requests.

This is a subset of Service Calls Completed.

Service Calls Completed

Total user-requested and preventative maintenance work orders completed.

Facilities Operations and Maintenance Intermediate Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Maintenance Worker

Total hours worked by maintenance workers.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Stationary Engineer**

Total hours worked by stationary engineers. A stationary engineer is an operator of boilers, steam turbines, auxiliary equipment (i.e. air compressors/pumps) or refrigeration machinery.

This is a subset of Worked Hours: Staff.

**Facilities Operations and Maintenance Intermediate Rollup Expense Elements**

**Building Automation And Fire Extinguishing System Expense**

Total building automation and fire extinguishing systems expense.

This is a subset of Equipment Maintenance Contract Expense.

**Building Structure And Grounds Expense**

Total building structure and grounds expense.

This is a subset of Equipment Maintenance Contract Expense.

**Equipment Maintenance Contract Expense**

Total expense for outside contractors to maintain major systems and equipment.

This is a subset of Other Direct Operating Expense.

**HVAC And Plumbing System Expense**

Total HVAC and plumbing system expense.
This is a subset of Equipment Maintenance Contract Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Maintenance Supply Expense
Total expense for stocked and non-stocked maintenance supplies.

This is a subset of Supply Expense.

Normal And Emergency Electrical System Expense
Total normal and emergency electrical systems expense.

This is a subset of Equipment Maintenance Contract Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Service Contracts Expense
Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Utility Expense

Total expense related to energy usage (e.g. electric, gas, water, sewer) for the entire organization supported for the reporting period. Report a zero here if your facility has either the 05001, Plant Operations / Plant Maintenance and Grounds department or the 05020, Plant Operations department.

This expense is not included in Other Direct Operating Expense.

Waste Disposal System Expense

Total waste disposal system expense.

This is a subset of Equipment Repair and Maintenance Expense.

Facilities Operations and Maintenance Intermediate Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Gross Square Feet Maintained
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff
Chapter 15. Fiscal Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 05410, Combined Fiscal Services 654
- 05411, Payroll Services 660
- 05412, Accounts Payable 665
- 05415, General Accounting Services 669
- 05420, Financial Decision Support and Planning 673
- F5400, Fiscal Services Functional Rollup 677
- G5400, Other Fiscal Services 683

05410, Combined Fiscal Services

This department performs all general accounting, financial planning and budgeting functions and financial decision support function. General Accounting may include general financial operations, accounts payable, payroll, preparation of periodic financial reports, posting journal entries, reconciling accounts, treasury and cash management, capital tracking and asset management, reimbursement analysis, cost reporting, and internal auditing. Financial Planning may include operating and capital budget preparation, variance analysis and reporting, financial and operational benchmarking, cost accounting, profitability analyses, financial long-range and strategic planning (not market research), productivity monitoring, financial decision support, and updates to financial information system tables and definitions.

Combined Fiscal Services Mapping Guidelines

If your organization has separate and distinct cost centers for general accounting, payroll, accounts payable and financial decision support & planning, map to the appropriate individual departments. If you use this department, do not create a primary instance of 05411, Payroll department; 05412, Accounts Payable department; 05415, General Accounting department; or 05420, Financial Decision Support and Planning department.
Combined Fiscal Services Workload Volumes

Accounts Payable Invoices Processed

Total invoices processed for payment of goods and services received. Count each presentation for payment received from vendors or others requesting payment. Typically, a facility will assign a voucher number to each invoice received. If they are numbered sequentially, have no gaps, and cover all items presented for payment, you may subtract the beginning number from the ending number for the reporting period. A statement from a vendor may be counted as an invoice if it does not duplicate previously vouchered invoices. Others requesting payment may include employee reimbursements, patient refunds, and others processed by accounts payable. The staff should do at least 80 percent of the invoice processing from point of receipt to production of actual check.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Cost Centers Maintained

Number of active cost centers that the organization has for the reporting period. This number represents cost centers that require annual budgets, periodic variance analysis and reporting.

Cost Reports Prepared

The number of cost reports prepared for the reporting period. This includes cost reports required by Medicare, Medicaid, and other third party payers.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Internal Audits Prepared

Number of internal audits performed during the reporting period. This may include performing specific audit procedures and preparing audit reports.
Payroll Check Runs

Number of regularly scheduled payroll check runs, excluding supplemental runs.

Payroll Checks/Direct Deposits Issued

Total regular and special payroll distributions issued. Count the number of checks resulting from this department's processing of payroll data. Include both regular cycle and special out-of-cycle checks. If the department only distributes the checks, report zero. The department has to perform at least 80 percent of the activities required from the point of hours accumulation processing (via time card or other means) to actual production of the payroll document (paper check or electronic direct deposit).

Sets of Accounting Records Maintained

Total discrete hospital and or organizational entities whose financial records are maintained by fiscal services staff. Count the sets of books that drive separate Statement of Revenue and Expenses (e.g., profit and loss). For example, a facility may have one corporate set of assets/liabilities and produce only one Statement of Financial Position. However, if it has three hospitals each with separate Statement of Revenue and Expenses, the count would be three sets of accounting records maintained.

Total Operating Expenses Supported

Represents the total labor expense, total supply expense, and total other operating expense for the organization.

Combined Fiscal Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Accounts Payable Staff**

Total hours worked by accounts payable staff that support the processing of invoices, paying suppliers and other accounts payable functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Analyst**

Total hours worked by financial analysis staff that track financial status by monitoring variances from budget, assemble and summarize data and prepare reports of findings, analyses, and recommendations.

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Control**

Total hours worked by financial management, financial planning, budget, reimbursement, internal audit, and management engineering staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: General Accounting Staff**

Total hours worked by general accounting staff that support general financial operations, preparation of periodic financial reports, reconciling of accounts and other general accounting functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Internal Auditor**

Total hours worked by internal auditing staff that support compliance with established internal control procedures by examining records, reports, operating practices, and documentation.

**Worked Hours: Management**

Total hours worked by management and supervisory staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Payroll Staff

Total hours worked by payroll staff that prepare payroll, distribute payroll funds and other payroll functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Report Writer

Total hours worked by report writing staff with responsibility for developing customized reports from databases to extract and collect data according to customer needs. Building and repairing data reports and software applications are primary duties as well as proper testing of applications and analyzing statistics and other metrics.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Combined Fiscal Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.
This is a subset of Other Direct Operating Expense.

**Combined Fiscal Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Sets of Accounting Records Maintained
- Worked Hours: Staff

**Combined Fiscal Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Accounts Payable processing
- Budget Preparation (Operational, Capital, etc)
- Capital Tracking and Asset Management
- Financial Decision Support, e.g., variance analysis, benchmarking, cost accounting, profitability analysis (Pro Formas), productivity monitoring updates to financial information systems
- Internal Auditing
- Payroll processing and distribution
- Reimbursement Management, e.g., preparation of the annual Medicare and Medicaid cost reports, regular reimbursement related filings, preparation of monthly statistical summaries and special reimbursement projects
- Time and attendance system management
- Treasury and Cash Management

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Cashiering services, e.g., collection of payments for previously billed services
• Collection fees, e.g., fees paid to an outside party to collect outstanding bills owed

• Hospital chargemaster maintenance

• Legal fees incurred for collection of patient accounts

• Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

• Position Control

• Rate-Setting, e.g., develop and implement rates for the organization

05411, Payroll Services

This department performs the payroll function which may include payroll preparation, distribution of payroll funds, time and attendance system management, processing of wage garnishments, withholdings and other deductions, creation of PTO accruals and preparation of remittances for voluntary deductions. This department does not include position control functions, benefit administration or workers compensation administration.

Payroll Services Mapping Guidelines

If less than 80% of the cost center's activity relates to payroll services, use an alternate department. Options include the 05410, Combined Fiscal Services department or G5400, Other Fiscal Services department. If you use this department, do not create a primary instance of 05410, Combined Fiscal Services department.

Payroll Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Average Paid Employees Supported

Average employee headcount that was supported by department staff during the reporting period.

Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Bargaining Unit Contracts Administered

Number of bargaining unit contracts that are administered by the department. A bargaining unit contract commonly represents an agreement with a trade union that may include wage rates, working hours, overtime, etc.

Payroll Check Runs

Number of regularly scheduled payroll check runs, excluding supplemental runs.

Payroll Checks/Direct Deposits Issued

Total regular and special payroll distributions issued. Count the number of checks resulting from this department's processing of payroll data. Include both regular cycle and special out-of-cycle checks. If the department only distributes the checks, report zero. The department has to perform at least 80 percent of the activities required from the point of hours accumulation processing (via time card or other means) to actual production of the payroll document (paper check or electronic direct deposit).

Payroll Corrections

Total corrections made to initial payroll documents resulting in multiple handling of a payroll account. Count the number of corrections required to correctly pay your employees. The error may result in issue of a special check or the corrected pay may be deferred to the next regular payroll cycle. The correction may be due to either payroll department error or a department submitting incorrect data to the payroll department.

Special/Manual Payroll Checks Issued

Total non-routine payroll checks distributed. Count the payroll checks processed outside of the regular payroll cycle. These may be for corrected pay, vacation advances, bonuses, and so on (paper check or electronic direct deposit).

This is a subset of Payroll Checks/Direct Deposits Issued.
Payroll Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Payroll Staff

Total hours worked by payroll staff that prepare payroll, distribute payroll funds and other payroll functions.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Payroll Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

Payroll Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Payroll Checks Issued
- Worked Hours: Staff
Payroll Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Payroll processing and distribution
- Time and attendance system management

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Compensation and Benefits, e.g., job description preparation, analysis, and evaluation, conducting salary surveys, performing employee benefits management, employee enrollment, plan administration, and record keeping
- Position Control
- Workers Compensation Administration

05412, Accounts Payable

This department performs accounts payable services which may include the processing of invoices, paying the organization's suppliers, maintaining vendor contact information, payment terms and IRS W-9 information, processing internal reimbursements (i.e. expense reports) and creating periodic analysis reports.

Accounts Payable Mapping Guidelines

If less than 80% of the cost center's activity relates to accounts payable services, use an alternate department. Options include the 05410, Combined Fiscal Services department or G5400, Other Fiscal Services department. If you use this department, do not create a primary instance of 05410, Combined Fiscal Services department.

Accounts Payable Workload Volumes

Accounts Payable Distributions (Payouts)

Number of regularly scheduled accounts payable distributions performed during the period.
**Accounts Payable Invoices Processed**

Total invoices processed for payment of goods and services received. Count each presentation for payment received from vendors or others requesting payment. Typically, a facility will assign a voucher number to each invoice received. If they are numbered sequentially, have no gaps, and cover all items presented for payment, you may subtract the beginning number from the ending number for the reporting period. A statement from a vendor may be counted as an invoice if it does not duplicate previously vouchered invoices. Others requesting payment may include employee reimbursements, patient refunds, and others processed by accounts payable. The staff should do at least 80 percent of the invoice processing from point of receipt to production of actual check.

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Gross Revenue Supported**

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

**Purchase Order Line Items Processed**

Number of purchase order line items processed during the reporting period.

**Total Operating Expenses Supported**

Represents the total labor expense, total supply expense, and total other operating expense for the organization.

**Vendors Supported**

Number of vendors supported during the reporting period. This may include vendors payments, vendor approval and setups, or vendor maintenance.

**Accounts Payable Department Hour Elements**
**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Accounts Payable Staff**

Total hours worked by accounts payable staff that support the processing of invoices, paying suppliers and other accounts payable functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Accounts Payable Expense Elements**
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Accounts Payable Mandatory Elements**

The following elements are mandatory for this department.

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Accounts Payable Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Accounts Payable processing
05415, General Accounting Services

This department performs general accounting services that may include general financial operations, preparation of periodic financial reports, posting of journal entries, reconciling of accounts, treasury and cash management, capital tracking and asset management, cost reporting, internal auditing, and reimbursement analysis.

General Accounting Services Mapping Guidelines

If less than 80% of the cost center's activity relates to general accounting services, use an alternate department. Options include the 05410, Combined Fiscal Services department or G5400, Other Fiscal Services department. If you use this department, do not create a primary instance of 05410, Combined Fiscal Services department.

General Accounting Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Cost Centers Maintained

Number of active cost centers that the organization has for the reporting period. This number represents cost centers that require annual budgets, periodic variance analysis and reporting.

Cost Reports Prepared

The number of cost reports prepared for the reporting period. This includes cost reports required by Medicare, Medicaid, and other third party payers.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).
**Internal Audits Prepared**

Number of internal audits performed during the reporting period. This may include performing specific audit procedures and preparing audit reports.

**Sets of Accounting Records Maintained**

Total discrete hospital and or organizational entities whose financial records are maintained by fiscal services staff. Count the sets of books that drive separate Statement of Revenue and Expenses (e.g., profit and loss). For example, a facility may have one corporate set of assets/liabilities and produce only one Statement of Financial Position. However, if it has three hospitals each with separate Statement of Revenue and Expenses, the count would be three sets of accounting records maintained.

**Total Operating Expenses Supported**

Represents the total labor expense, total supply expense, and total other operating expense for the organization.

**General Accounting Services Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: General Accounting Staff**

Total hours worked by general accounting staff that support general financial operations, preparation of periodic financial reports, reconciling of accounts and other general accounting functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Internal Auditor**

Total hours worked by internal auditing staff that support compliance with established internal control procedures by examining records, reports, operating practices, and documentation.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

General Accounting Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

Supply Expense

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

General Accounting Services Mandatory Elements

The following elements are mandatory for this department.

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Sets of Accounting Records Maintained
- Worked Hours: Staff

General Accounting Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Capital Tracking and Asset Management
- Internal Auditing
- Reimbursement Management, e.g., preparation of the annual Medicare and Medicaid cost reports, regular reimbursement related filings, preparation of monthly statistical summaries and special reimbursement projects
- Treasury and Cash Management

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Accounts Payable processing
• Budget Preparation (Operational, Capital, etc)
• Cashiering services, e.g., collection of payments for previously billed services
• Financial Decision Support, e.g., variance analysis, benchmarking, cost accounting, profitability analysis (Pro Formas), productivity monitoring updates to financial information systems
• Hospital chargemaster maintenance
• Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations
• Payroll processing and distribution
• Rate-Setting, e.g., develop and implement rates for the organization

05420, Financial Decision Support and Planning

This department performs financial decision support and planning services which may include operating and capital budget preparation, variance analysis and reporting, financial and operational benchmarking, cost accounting, profitability analysis (Pro Formas), financial long-range and strategic planning (not market research), productivity monitoring, financial decision support and updates to financial information system tables and definitions.

Financial Decision Support and Planning Mapping Guidelines

If less than 80% of the cost center's activity relates to financial decision support and planning services, use an alternate department. Options include the 05410, Combined Fiscal Services department or G5400, Other Fiscal Services department. If you use this department, do not create a primary instance of 05410, Combined Fiscal Services department.

Financial Decision Support and Planning Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Cost Centers Maintained

Number of active cost centers that the organization has for the reporting period. This number represents cost centers that require annual budgets, periodic variance analysis and reporting.

Financial Pro Forma Analyses Prepared

Total financial pro-forma analyses prepared in support of proposed business plans. Includes, at a minimum, a detailed projected profit/loss and cash flow analysis of the proposed business venture. Do not count the number of times an analysis needs rework due to changed assumptions, for example. Each business plan can have only one set of analyses.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Sets of Accounting Records Maintained

Total discrete hospital and or organizational entities whose financial records are maintained by fiscal services staff. Count the sets of books that drive separate Statement of Revenue and Expenses (e.g., profit and loss). For example, a facility may have one corporate set of assets/liabilities and produce only one Statement of Financial Position. However, if it has three hospitals each with separate Statement of Revenue and Expenses, the count would be three sets of accounting records maintained.

Total Operating Expenses Supported

Represents the total labor expense, total supply expense, and total other operating expense for the organization.

Financial Decision Support and Planning Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Analyst**

Total hours worked by financial analysis staff that track financial status by monitoring variances from budget, assemble and summarize data and prepare reports of findings, analyses, and recommendations.

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Control**

Total hours worked by financial management, financial planning, budget, reimbursement, and decision support staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Report Writer**

Total hours worked by report writing staff with responsibility for developing customized reports from databases to extract and collect data according to customer needs. Building and repairing data reports and software applications are primary duties as well as proper testing of applications and analyzing statistics and other metrics.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Financial Decision Support and Planning Expense Elements

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense
Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

Financial Decision Support and Planning Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Sets of Accounting Records Maintained
- Worked Hours: Staff
Financial Decision Support Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Budget Preparation (Operational, Capital, etc)
- Financial Decision Support, e.g., variance analysis, benchmarking, cost accounting, profitability analysis (Pro Formas), productivity monitoring updates to financial information systems

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Hospital chargemaster maintenance
- Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations
- Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes
- Rate-Setting, e.g., develop and implement rates for the organization

F5400, Fiscal Services Functional Rollup

This rollup department includes all fiscal services administration, general accounting services, accounts payable, payroll, budget, reimbursement and financial decision support and planning regardless of reporting relationship.

Fiscal Services Functional Rollup Workload Volumes

Accounts Payable Distributions (Payouts)

Number of regularly scheduled accounts payable distributions performed during the period.

Accounts Payable Invoices Processed

Total invoices processed for payment of goods and services received. Count each presentation for payment received from vendors or others requesting payment. Typically, a facility will assign a voucher number to each invoice received. If they are numbered sequentially, have no gaps, and cover all items presented for payment, you may subtract the beginning number from the ending number for the reporting period. A statement from a vendor may be counted as an invoice if it does not duplicate previously vouchered invoices. Others requesting payment may include employee reimbursements, patient refunds, and others processed by accounts payable. The staff should do at least 80 percent of the invoice processing from point of receipt to production of actual check.
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Paid Employees Supported

Average employee headcount that was supported by department staff during the reporting period.

Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Bargaining Unit Contracts Administered

Number of bargaining unit contracts that are administered by the department. A bargaining unit contract commonly represents and agreement with a trade union that may include wage rates, working hours, overtime, etc.

Cost Centers Maintained

Number of active cost centers that the organization has for the reporting period. This number represents cost centers that require annual budgets, periodic variance analysis and reporting.

Cost Reports Prepared

The number of cost reports prepared for the reporting period. This includes cost reports required by Medicare, Medicaid, and other third party payers.

Financial Pro Forma Analyses Prepared

Total financial pro-forma analyses prepared in support of proposed business plans. Includes, at a minimum, a detailed projected profit/loss and cash flow analysis of the proposed business venture. Do not count the number of times an analysis needs rework due to changed assumptions, for example. Each business plan can have only one set of analyses.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).
**Internal Audits Prepared**
Number of internal audits performed during the reporting period. This may include performing specific audit procedures and preparing audit reports.

**Payroll Check Runs**
Number of regularly scheduled payroll check runs, excluding supplemental runs.

**Payroll Checks/Direct Deposits Issued**
Total regular and special payroll distributions issued. Count the number of checks resulting from this department's processing of payroll data. Include both regular cycle and special out-of-cycle checks. If the department only distributes the checks, report zero. The department has to perform at least 80 percent of the activities required from the point of hours accumulation processing (via time card or other means) to actual production of the payroll document (paper check or electronic direct deposit).

**Payroll Corrections**
Total corrections made to initial payroll documents resulting in multiple handling of a payroll account. Count the number of corrections required to correctly pay your employees. The error may result in issue of a special check or the corrected pay may be deferred to the next regular payroll cycle. The correction may be due to either payroll department error or a department submitting incorrect data to the payroll department.

**Purchase Order Line Items Processed**
Number of purchase order line items processed during the reporting period.

**Sets of Accounting Records Maintained**
Total discrete hospital and or organizational entities whose financial records are maintained by fiscal services staff. Count the sets of books that drive separate Statement of Revenue and Expenses (e.g., profit and loss). For example, a facility may have one corporate set of assets/liabilities and produce only one Statement of Financial Position. However, if it has three hospitals each with separate Statement of Revenue and Expenses, the count would be three sets of accounting records maintained.

**Special/Manual Payroll Checks Issued**
Total non-routine payroll checks distributed. Count the payroll checks processed outside of the regular payroll cycle. These may be for corrected pay, vacation advances, bonuses, and so on (paper check or electronic direct deposit).

This is a subset of Payroll Checks/Direct Deposits Issued.
Total Operating Expenses Supported

Represents the total labor expense, total supply expense, and total other operating expense for the organization.

Vendors Supported

Number of vendors supported during the reporting period. This may include vendors payments, vendor approval and setups, or vendor maintenance.

Fiscal Services Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Accounts Payable Staff

Total hours worked by accounts payable staff that support the processing of invoices, paying suppliers and other accounts payable functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Financial Analyst

Total hours worked by financial analysis staff that track financial status by monitoring variances from budget, assemble and summarize data and prepare reports of findings, analyses, and recommendations.

This is a subset of Worked Hours: Staff.
Worked Hours: Financial Control
Total hours worked by financial management, financial planning, budget, reimbursement, internal audit, and management engineering staff.

This is a subset of Worked Hours: Staff.

Worked Hours: General Accounting Staff
Total hours worked by general accounting staff that support general financial operations, preparation of periodic financial reports, reconciling of accounts and other general accounting functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Internal Auditor
Total hours worked by internal auditing staff that support compliance with established internal control procedures by examining records, reports, operating practices, and documentation.

Worked Hours: Management
Total hours worked by management and supervisory staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Payroll Staff
Total hours worked by payroll staff that prepare payroll, distribute payroll funds and other payroll functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Report Writer
Total hours worked by report writing staff with responsibility for developing customized reports from databases to extract and collect data according to customer needs. Building and repairing data reports and software applications are primary duties as well as proper testing of applications and analyzing statistics and other metrics.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Fiscal Services Functional Rollup Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Fiscal Services Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Staff

• Sets of Accounting Records Maintained

• Worked Hours: Staff

G5400, Other Fiscal Services

If you have a cost center in this series that does not appropriately map to any of the individual departments, map to this department.

Other Fiscal Services Workload Volumes

Accounts Payable Distributions (Payouts)

Number of regularly scheduled accounts payable distributions performed during the period.

Accounts Payable Invoices Processed

Total invoices processed for payment of goods and services received. Count each presentation for payment received from vendors or others requesting payment. Typically, a facility will assign a voucher number to each invoice received. If they are numbered sequentially, have no gaps, and cover all items presented for payment, you may subtract the beginning number from the ending number for the reporting period. A statement from a vendor may be counted as an invoice if it does not duplicate previously vouchered invoices. Others requesting payment may include employee reimbursements, patient refunds, and others processed by accounts payable. The staff should do at least 80 percent of the invoice processing from point of receipt to production of actual check.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Paid Employees Supported

Average employee headcount that was supported by department staff during the reporting period.

Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.
Bargaining Unit Contracts Administered

Number of bargaining unit contracts that are administered by the department. A bargaining unit contract commonly represents and agreement with a trade union that may include wage rates, working hours, overtime, etc.

Cost Centers Maintained

Number of active cost centers that the organization has for the reporting period. This number represents cost centers that require annual budgets, periodic variance analysis and reporting.

Cost Reports Prepared

The number of cost reports prepared for the reporting period. This includes cost reports required by Medicare, Medicaid, and other third party payers.

Financial Pro Forma Analyses Prepared

Total financial pro-forma analyses prepared in support of proposed business plans. Includes, at a minimum, a detailed projected profit/loss and cash flow analysis of the proposed business venture. Do not count the number of times an analysis needs rework due to changed assumptions, for example. Each business plan can have only one set of analyses.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Internal Audits Prepared

Number of internal audits performed during the reporting period. This may include performing specific audit procedures and preparing audit reports.

Payroll Check Runs

Number of regularly scheduled payroll check runs, excluding supplemental runs.

Payroll Checks/Direct Deposits Issued

Total regular and special payroll distributions issued. Count the number of checks resulting from this department's processing of payroll data. Include both regular cycle and special out-of-cycle checks. If the department only distributes the checks, report zero. The department has to perform at least 80 percent of the activities required from the point of hours accumulation processing (via time card or other means) to actual production of the payroll document (paper check or electronic direct deposit).
Payroll Corrections

Total corrections made to initial payroll documents resulting in multiple handling of a payroll account. Count the number of corrections required to correctly pay your employees. The error may result in issue of a special check or the corrected pay may be deferred to the next regular payroll cycle. The correction may be due to either payroll department error or a department submitting incorrect data to the payroll department.

Purchase Order Line Items Processed

Number of purchase order line items processed during the reporting period.

Sets of Accounting Records Maintained

Total discrete hospital and or organizational entities whose financial records are maintained by fiscal services staff. Count the sets of books that drive separate Statement of Revenue and Expenses (e.g., profit and loss). For example, a facility may have one corporate set of assets/liabilities and produce only one Statement of Financial Position. However, if it has three hospitals each with separate Statement of Revenue and Expenses, the count would be three sets of accounting records maintained.

Special/Manual Payroll Checks Issued

Total non-routine payroll checks distributed. Count the payroll checks processed outside of the regular payroll cycle. These may be for corrected pay, vacation advances, bonuses, and so on (paper check or electronic direct deposit).

This is a subset of Payroll Checks/Direct Deposits Issued.

Total Operating Expenses Supported

Represents the total labor expense, total supply expense, and total other operating expense for the organization.

Vendors Supported

Number of vendors supported during the reporting period. This may include vendors payments, vendor approval and setups, or vendor maintenance.

Other Fiscal Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Accounts Payable Staff**

Total hours worked by accounts payable staff that support the processing of invoices, paying suppliers and other accounts payable functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Analyst**

Total hours worked by financial analysis staff that track financial status by monitoring variances from budget, assemble and summarize data and prepare reports of findings, analyses, and recommendations.

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Control**

Total hours worked by financial management, financial planning, budget, reimbursement, internal audit, and management engineering staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: General Accounting Staff**

Total hours worked by general accounting staff that support general financial operations, preparation of periodic financial reports, reconciling of accounts and other general accounting functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Internal Auditor**

Total hours worked by internal auditing staff that support compliance with established internal control procedures by examining records, reports, operating practices, and documentation.
Worked Hours: Management

Total hours worked by management and supervisory staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Payroll Staff

Total hours worked by payroll staff that prepare payroll, distribute payroll funds and other payroll functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Report Writer

Total hours worked by report writing staff with responsibility for developing customized reports from databases to extract and collect data according to customer needs. Building and repairing data reports and software applications are primary duties as well as proper testing of applications and analyzing statistics and other metrics.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Fiscal Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Other Fiscal Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Other Fiscal Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Accounts Payable processing
- Budget Preparation (Operational, Capital, etc)
- Capital Tracking and Asset Management
- Financial Decision Support, e.g., variance analysis, benchmarking, cost accounting, profitability analysis (Pro Formas), productivity monitoring updates to financial information systems
- Internal Auditing
- Payroll processing and distribution
• Reimbursement Management, e.g., preparation of the annual Medicare and Medicaid cost reports, regular reimbursement related filings, preparation of monthly statistical summaries and special reimbursement projects

• Treasury and Cash Management

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Cashiering services, e.g., collection of payments for previously billed services

• Collection fees, e.g., fees paid to a outside party to collect outstanding bills owed

• Hospital chargemaster maintenance

• Legal fees incurred for collection of patient accounts

• Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

• Rate-Setting, e.g., develop and implement rates for the organization
Chapter 16. Food and Nutrition Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 05110, Patient Food Service 690
- 05111, Clinical Nutrition Services 697
- 05112, Patient and Nonpatient Food Service 702
- 05120, NonPatient Food Service 707
- F5100, Food and Nutrition Services Functional Rollup 712
- G5100, Other Food and Nutrition Services 718
- Food and Nutrition Services Worksheet 725

05110, Patient Food Service

This department is responsible for the management, preparation, and distribution of all patient food service for the organization. It may also include clinical nutrition services.

Patient Food Service Mapping Guidelines

If your actual cost center(s) represents only patient food service with clinical nutrition services, use the 05110, Patient Food Services department. Otherwise, another option would be the G5100, Other Food and Nutritional Services department. If you report this department, do not report 05110, Patient Food Services department or 05120, Non Patient Food Services department.
Patient Food Service Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

ART: Patient Meals

Total count of meal trays for inpatients and outpatients. Include observation patient meals, outpatient meals, ED meals and late trays. If you do not count patient trays, take Total Patient Days (excluding newborns) for the period and multiply by 3. Do not use Adjusted Patient Days.

ART: Total Number of Retail Transactions

Total number of retail transactions. Include free and or complimentary meals. Do not include discounts as separate transactions.

Days of Operation per Week

The total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Educational Training Units

Count the number of community/staff educational units performed for individuals or groups either inside or outside of the hospital setting. A 15 minute block of time is considered one unit. For example, a one hour nutritional training class performed for a group at a senior center would be counted as 4 units (regardless of how many people were in the class). This excludes any inpatient or outpatient education, consult time and billable services.

This is a subset of Total Department Activity.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Interdisciplinary Team Round Units

The number of patient care rounds performed with other healthcare providers across the hospital counted in 15 minute blocks of time. For example, one hour spent performing rounds would result in a count of 4 units.

This is a subset of Patient Activity.

Patient Activity

Department patient activity, including total consults plus nutritional screenings plus interdisciplinary rounds. Exclude time spent in inservice education, classes provided to non patients, staff meetings, and program development time.

This is a subset of Total Department Activity.

Total Department Activity

Total department activity including total nutritional screenings, interdisciplinary rounds, and medical nutritional therapy patient activity plus education training units non-patient activity.

Total Dietary Consults

Total dietary consults provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A dietary consult is defined as a 30 minute block of time allocated directly to the assessment, planning, or provision of patient nutritional care. Excluded is time spent in patient education, inservice education, classes provided to non patients, staff meetings, and program development time. Count each 30 minute block of time as a consult.

Total Medical Nutritional Therapy Interventions

Total medical nutrition therapy interventions provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A Medical Nutrition Intervention is defined as a 15 minute block of time allocated directly to the assessment, planning, patient education or provision of patient nutrition care. Excluded is screening and time spent in inservice education, classes provided to non patients, staff meetings, and program development time. Count each 15 minute block of time as an intervention.

Total Nutritional Screenings

Screening may include but is not limited to reviewing charts, reports, interviewing patients and electronic screening. Do not include screenings done by nursing. Do not count time allocated as consult time. Count the number of screenings in 15 min blocks.

This is a subset of Patient Activity.

Patient Food Service Department Hours Elements
Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dietetic Technician

Total hours worked by Dietetic Technicians. Include individuals who have the ability to support a clinical dietitian whose duties may include but are not limited to initial screening, education, calculating calorie counts and providing any direct patient care. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours. **Note:** These hours are impacted by a normalization task. Please refer to the normalization survey to ensure proper reporting of these hours in the normalized data view.

This is a subset of Worked Hours: Staff.

Worked Hours: Food Service

Total hours worked by food service production and delivery staff (e.g., staff who are not management, clinical or clerical support staff). Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or standby hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Registered Dietitian

Total hours worked by Registered Dietitians. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours. **Note:** These hours are impacted by a normalization task. Please refer to the normalization survey to ensure proper reporting of these hours in the normalized data view.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Patient Food Service Revenue Elements

**ART: Retail Revenue**

Total retail net revenue for the reporting period. Include all cash, debit, credit cards, payroll deductions, cafeteria receipts, etc. received. Do not include sales tax or foregone revenue.

This is a component of Department Revenue.

Department Revenue

Total cash and commissions revenue generated by the department for products and services provided to outpatients, facility staff, and the general public for the reporting period. Include revenue for outpatient dietetic counseling and food supplements, cafeteria and vending services, outside catering, and bulk food sales to other hospitals, schools, or other entities.

Patient Food Service Expense Elements

**Food Expense**

Total expense for food. Include perishables, non-perishables, and floor stock expense. Record any food expenses charged to other departments in this category.

This is a subset of Supply Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Service Contracts Expense**

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

**Supplemental Food Expense**

Using vendor invoices for this period, sum the total raw cost for nourishments (include between meal feedings, diabetic snacks, and between meal snack cart services), supplements, tube feedings, congregate meals, specialty infant feedings and floor stock. Do not include food items provided to departments for employee use.

This is a subset of Food Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.
Patient Food Service Mandatory Elements

The following data elements are mandatory for this department:

- ART: Patient Meals
- ART: Total Number of Retail Transactions
- Department Revenue
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Supplemental Food Expense
- Total Medical Nutritional Therapy Interventions
- Worked Hours: Staff

Patient Food Service Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Food Service Worker
- Kitchen cleaning and daily cleaning of dining areas
- Menu related activities, e.g., passing and picking up menus, correcting, tallying, modifying

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Dietitian
- Dietetic technician functions, e.g., initial screening, education, calculating calorie counts and providing any direct patient care
- Expenses associated with community service nutrition programs, e.g., Meals on Wheels
- Student interns/trainees
05111, Clinical Nutrition Services

This department is responsible for performing nutritional consultation and educational activities for inpatients and outpatients.

Clinical Nutrition Services Mapping Guidelines

If your actual cost center(s) includes patient food service with clinical nutrition services, use the 05110, Patient Food Services department. Otherwise, another option would be the G5100, Other Food and Nutritional Services department.

Clinical Nutrition Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Days of Operation per Week

The total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Educational Training Units

Count the number of community/staff educational units performed for individuals or groups either inside or outside of the hospital setting. A 15 minute block of time is considered one unit. For example, a one hour nutritional training class performed for a group at a senior center would be counted as 4 units (regardless of how many people were in the class). This excludes any inpatient or outpatient education, consult time and billable services.

This is a subset of Total Department Activity.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Interdisciplinary Team Round Units

The number of patient care rounds performed with other healthcare providers across the hospital counted in 15 minute blocks of time. For example, one hour spent performing rounds would result in a count of 4 units.

This is a subset of Patient Activity.

Patient Activity

Department patient activity, including total nutritional screenings, interdisciplinary rounds, plus medical nutritional therapy interventions. Exclude time spent in inservice education, classes provided to non patients, staff meetings, and program development time.

This is a subset of Total Department Activity.

Total Department Activity

Total department activity including total nutritional screenings, interdisciplinary rounds, and medical nutritional therapy patient activity plus education training units non-patient activity.

Total Dietary Consults

Total dietary consults provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A dietary consult is defined as a 30 minute block of time allocated directly to the assessment, planning, or provision of patient nutritional care. Excluded is time spent in patient education, inservice education, classes provided to non patients, staff meetings, and program development time. Count each 30 minute block of time as a consult.

Total Medical Nutritional Therapy Interventions

Total medical nutrition therapy interventions provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A Medical Nutrition Intervention is defined as a 15 minute block of time allocated directly to the assessment, planning, patient education or provision of patient nutrition care. Excluded is screening and time spent in inservice education, classes provided to non patients, staff meetings, and program development time. Count each 15 minute block of time as an intervention.

Total Nutritional Screenings

Screening may include but is not limited to reviewing charts, reports, interviewing patients and electronic screening. Do not include screenings done by nursing. Do not count time allocated as consult time. Count the number of screenings in 15 min blocks.

This is a subset of Patient Activity.
Clinical Nutrition Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dietetic Technician

Total hours worked by Dietetic Technicians. Include those individuals who have the ability to support a clinical dietitian whose duties may include but are not limited to initial screening, education, calculating calorie counts and providing any direct patient care. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.
**Worked Hours: Registered Dietitian**

Total hours worked by Registered Dietitians. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Clinical Nutrition Services Revenue**

**Department Revenue**

Total cash and commissions revenue generated by the department for products and services provided to outpatients, facility staff, and the general public for the reporting period. Include revenue for outpatient dietetic counseling and food supplements, cafeteria and vending services, outside catering, and bulk food sales to other hospitals, schools, or other entities.

**Clinical Nutrition Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Service Contracts Expense**

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Clinical Nutrition Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Dietitian
- Diabetes education performed at the bedside, on the unit or one-one-one (must be billable)
- Dietetic technician functions, e.g., initial screening, education, calculating calorie counts and providing any direct patient care
- Nutritional education performed at the patient's bedside

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Diabetes education in a formal classroom setting
- Menu related activities, e.g., passing and picking up menus, correcting, tallying, modifying
- Student interns/trainees

**Clinical Nutrition Services Mandatory Elements**

The following data elements are mandatory for this department:

- Department Revenue
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Medical Nutritional Therapy Interventions
- Worked Hours: Staff

05112, Patient and Nonpatient Food Service

This department is responsible for the management, preparation, and distribution of all patient and nonpatient food services for the facility. This includes food prepared and served to facility staff, visitors, and the general public in a cafeteria setting. It may also include coffee shops and kiosks, catering, and vending. This department is responsible for the management, preparation, and distribution of all patient and nonpatient food services for the facility. This includes food prepared and served to facility staff, visitors, and the general public in a cafeteria setting. It may also include coffee shops and kiosks, catering, and vending.

Patient and Nonpatient Food Services Mapping Guidelines

If your actual cost center(s) represents only patient food service with clinical nutrition services, use the 05110, Patient Food Services department. Otherwise, another option would be the G5100, Other Food and Nutritional Services department. If you report this department, do not report 05110, Patient Food Services department or 05120, Non Patient Food Services department.

Patient and Nonpatient Food Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

ART: Patient Meals

Total count of meal trays for inpatients and outpatients. Include observation patient meals, outpatient meals, ED meals and late trays. If you do not count patient trays, take Total Patient Days (excluding newborns) for the period and multiply by 3. Do not use Adjusted Patient Days.
ART: Total Number of Retail Transactions
Total number of retail transactions. Include free and or complimentary meals. Do not include discounts as separate transactions.

Days of Operation per Week
The total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Hours of Operation per Week
The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Patient and Nonpatient Food Services Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dietetic Technician
Total hours worked by Dietetic Technicians. Include individuals who have the ability to support a clinical dietitian whose duties may include but are not limited to initial screening, education, calculating calorie counts and providing any direct patient care. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours. Note: These hours are impacted by a normalization task. Please refer to the normalization survey to ensure proper reporting of these hours in the normalized data view.

This is a subset of Worked Hours: Staff.

Worked Hours: Food Service
Total hours worked by food service production and delivery staff (e.g., staff who are not management, clinical or clerical support staff). Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Registered Dietitian**

Total hours worked by Registered Dietitians. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours. **Note:** These hours are impacted by a normalization task. Please refer to the normalization survey to ensure proper reporting of these hours in the normalized data view.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Patient and Nonpatient Food Services Revenue Elements**

**ART: Non Patient Transfers and Credits including Foregone Revenue**

All transfers and credits for non-patient items (i.e., employee discounts, complimentary meals, free meals, internal and external catering, vending machine, and foregone revenue). Include only if you receive a transfer or credit for these items. Do not double count values reported here in ART: Other Non Patient Revenue.
ART: Other Non Patient Revenue

The total revenue received for vending contract services, meals for other facilities and programs, guest meals and catering revenue. Exclude any revenue received from nourishments, supplements, tube feedings, and floor stock. Do not include vendor rebates or sales tax. Do not double count values reported here in ART: Non Patient Transfers and Credits.

This is a component of Department Revenue.

ART: Retail Revenue

Total retail net revenue for the reporting period. Include all cash, debit, credit cards, payroll deductions, cafeteria receipts, etc. received. Do not include sales tax or foregone revenue.

This is a component of Department Revenue.

Department Revenue

Total cash and commissions revenue generated by the department for products and services provided to outpatients, facility staff, and the general public for the reporting period. Include revenue for outpatient dietetic counseling and food supplements, cafeteria and vending services, outside catering, and bulk food sales to other hospitals, schools, or other entities.

Patient and Nonpatient Food Services Expense Elements

Food Expense

Total expense for food. Include perishables, non-perishables, and floor stock expense. Record any food expenses charged to other departments in this category.

This is a subset of Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

Service Contracts Expense

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

Supplemental Food Expense

Using vendor invoices for this period, sum the total raw cost for nourishments (include between meal feedings, diabetic snacks, and between meal snack cart services), supplements, tube feedings, congregate meals, specialty infant feedings and floor stock. Do not include food items provided to departments for employee use.

This is a subset of Food Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Patient and Nonpatient Food Services Mandatory Elements

The following data elements are mandatory for this department:

- ART: Non Patient Transfers and Credits incl Foregone Revenue
- ART: Other Non Patient Revenue
- ART: Patient Meals
- ART: Retail Revenue
• ART: Total Number of Retail Transactions

• Department Revenue

• Labor Expense

• Other Direct Operating Expense

• Paid Hours: Contract Labor

• Paid Hours: Staff

• Supplemental Food Expense

• Worked Hours: Staff

**Patient and Nonpatient Food Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Expenses associated with community service nutrition programs, e.g., Meals on Wheels

• Food Service Worker

• Kitchen cleaning and daily cleaning of dining areas

• Menu related activities, e.g., passing and picking up menus, correcting, tallying, modifying

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Dietitian

• Dietetic technician functions, e.g., initial screening, education, calculating calorie counts and providing any direct patient care

• Student interns/trainees

**05120, NonPatient Food Service**

This department is responsible for the preparation and distribution/serving of food services to facility staff, visitors, and the general public in a cafeteria setting. Include all nonpatient food services, such as coffee shop, kiosks, catering, and vending.
Nonpatient Food Services Mapping Guidelines

If your actual cost center(s) includes patient food services and/or clinical nutrition services, use the 05110, Patient Food Services department or the 05112, Patient and Nonpatient Food Services department. Otherwise, another option would be the G5100, Other Food and Nutrition Services department.

Nonpatient Food Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

ART: Total Number of Retail Transactions

Total number of retail transactions. Include free and or complimentary meals. Do not include discounts as separate transactions.

Days of Operation per Week

The total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Nonpatient Food Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services.
Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Food Service

Total hours worked by food service production and delivery staff (e.g., staff who are not management, clinical or clerical support staff). Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Nonpatient Food Services Revenue Elements
ART: Non Patient Transfers and Credits including Foregone Revenue

All transfers and credits for non-patient items (i.e., employee discounts, complimentary meals, free meals, internal and external catering, vending machine, and foregone revenue). Include only if you receive a transfer or credit for these items. Do not double count values reported here in ART: Other Non Patient Revenue.

ART: Other Non Patient Revenue

The total revenue received for vending contract services, meals for other facilities and programs, guest meals and catering revenue. Exclude any revenue received from nourishments, supplements, tube feedings, and floor stock. Do not include vendor rebates or sales tax. Do not double count values reported here in ART: Non Patient Transfers and Credits.

This is a component of Department Revenue.

ART: Retail Revenue

Total retail net revenue for the reporting period. Include all cash, debit, credit cards, payroll deductions, cafeteria receipts, etc. received. Do not include sales tax or foregone revenue.

This is a component of Department Revenue.

Department Revenue

Total cash and commissions revenue generated by the department for products and services provided to outpatients, facility staff, and the general public for the reporting period. Include revenue for outpatient dietetic counseling and food supplements, cafeteria and vending services, outside catering, and bulk food sales to other hospitals, schools, or other entities.

Nonpatient Food Services Expense Elements

Food Expense

Total expense for food. Include perishables, non-perishables, and floor stock expense. Record any food expenses charged to other departments in this category.

This is a subset of Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

**Service Contracts Expense**

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Nonpatient Food Services Mandatory Elements**

The following data elements are mandatory for this department:

- ART: Non Patient Transfers and Credits incl Foregone Revenue
- ART: Other Non Patient Revenue
- ART: Retail Revenue
- ART: Total Number of Retail Transactions
- Department Revenue
• Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff

Nonpatient Food Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Expenses associated with community service nutrition programs, e.g., Meals on Wheels
• Kitchen cleaning and daily cleaning of dining areas

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Dietitian
• Dietetic technician functions, e.g., initial screening, education, calculating calorie counts and providing any direct patient care
• Menu related activities, e.g., passing and picking up menus, correcting, tallying, modifying
• Student interns/trainees

F5100, Food and Nutrition Services Functional Rollup

This department includes all food and nutrition services departments responsible for administration, food production, patient food distribution, clinical dietitian functions, and nonpatient food service functions mapped to the standard departments in this series.

Food and Nutrition Services Functional Rollup Workload Volumes
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

ART: Patient Meals

Total count of meal trays for inpatients and outpatients. Include observation patient meals, outpatient meals, ED meals and late trays. If you do not count patient trays, take Total Patient Days (excluding newborns) for the period and multiply by 3. Do not use Adjusted Patient Days.

ART: Total Number of Retail Transactions

Total number of retail transactions. Include free and or complimentary meals. Do not include discounts as separate transactions.

Educational Training Units

Count the number of community/staff educational units performed for individuals or groups either inside or outside of the hospital setting. A 15 minute block of time is considered one unit. For example, a one hour nutritional training class performed for a group at a senior center would be counted as 4 units (regardless of how many people were in the class). This excludes any inpatient or outpatient education, consult time and billable services.

This is a subset of Total Department Activity.

Interdisciplinary Team Round Units

The number of patient care rounds performed with other healthcare providers across the hospital counted in 15 minute blocks of time. For example, one hour spent performing rounds would result in a count of 4 units.

This is a subset of Patient Activity.

Patient Activity

Department patient activity, including total nutritional screenings, interdisciplinary rounds, plus medical nutritional therapy interventions. Exclude time spent in inservice education, classes provided to non patients, staff meetings, and program development time.

This is a subset of Total Department Activity.
Total Department Activity

Total department activity including total nutritional screenings, interdisciplinary rounds, and medical nutritional therapy patient activity plus education training units non-patient activity.

Total Dietary Consults

Total dietary consults provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A dietary consult is defined as a 30 minute block of time allocated directly to the assessment, planning, or provision of patient nutritional care. Excluded is time spent in patient education, inservice education, classes provided to non patients, staff meetings, and program development time. Count each 30 minute block of time as a consult.

Total Medical Nutritional Therapy Interventions

Total medical nutrition therapy interventions provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A Medical Nutrition Intervention is defined as a 15 minute block of time allocated directly to the assessment, planning, patient education or provision of patient nutrition care. Excluded is screening and time spent in inservice education, classes provided to non patients, staff meetings, and program development time. Count each 15 minute block of time as an intervention.

Total Nutritional Screenings

Screenings may include but is not limited to reviewing charts, reports, interviewing patients and electronic screening. Do not include screenings done by nursing. Do not count time allocated as consult time. Count the number of screenings in 15 min blocks.

This is a subset of Patient Activity.

Food and Nutrition Services Functional Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dietetic Technician

Total hours worked by Dietetic Technicians. Include those individuals who have the ability to support a clinical dietitian whose duties may include but are not limited to initial screening, education, calculating calorie counts and providing any direct patient care. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Food Service**

Total hours worked by food service production and delivery staff (e.g., staff who are not management, clinical or clerical support staff). Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Registered Dietitian**

Total hours worked by Registered Dietitians. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Food and Nutrition Services Functional Rollup Revenue Elements**
ART: Non Patient Transfers and Credits including Foregone Revenue

All transfers and credits for non-patient items (i.e., employee discounts, complimentary meals, free meals, internal and external catering, vending machine, and foregone revenue). Include only if you receive a transfer or credit for these items. Do not double count values reported here in ART: Other Non Patient Revenue.

ART: Other Non Patient Revenue

The total revenue received for vending contract services, meals for other facilities and programs, guest meals and catering revenue. Exclude any revenue received from nourishments, supplements, tube feedings, and floor stock. Do not include vendor rebates or sales tax. Do not double count values reported here in ART: Non Patient Transfers and Credits.

This is a component of Department Revenue.

ART: Retail Revenue

Total retail net revenue for the reporting period. Include all cash, debit, credit cards, payroll deductions, cafeteria receipts, etc. received. Do not include sales tax or foregone revenue.

This is a component of Department Revenue.

Department Revenue

Total cash and commissions revenue generated by the department for products and services provided to outpatients, facility staff, and the general public for the reporting period. Include revenue for outpatient dietetic counseling and food supplements, cafeteria and vending services, outside catering, and bulk food sales to other hospitals, schools, or other entities.

Food and Nutrition Services Functional Rollup Expense Elements

Food Expense

Total expense for food. Include perishables, non-perishables, and floor stock expense. Record any food expenses charged to other departments in this category.

This is a subset of Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Service Contracts Expense
Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

Supplemental Food Expense
Using vendor invoices for this period, sum the total raw cost for nourishments (include between meal feedings, diabetic snacks, and between meal snack cart services), supplements, tube feedings, congregate meals, specialty infant feedings and floor stock. Do not include food items provided to departments for employee use.

This is a subset of Food Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Food and Nutrition Services Functional Rollup Mandatory Elements
The following data elements are mandatory for this department:
• ART: Non Patient Transfers and Credits incl Foregone Revenue
• ART: Patient Meals
• ART: Retail Revenue
• ART: Total Number of Retail Transactions
• Department Revenue
• Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Supplemental Food Expense
• Total Medical Nutritional Therapy Interventions
• Worked Hours: Staff

G5100, Other Food and Nutrition Services

This generic department includes all cost centers reporting to Food and Nutrition Services which cannot be mapped to individual food and nutrition departments.

Other Food and Nutrition Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
ART: Patient Meals
Total count of meal trays for inpatients and outpatients. Include observation patient meals, outpatient meals, ED meals and late trays. If you do not count patient trays, take Total Patient Days (excluding newborns) for the period and multiply by 3. Do not use Adjusted Patient Days.

ART: Total Number of Retail Transactions
Total number of retail transactions. Include free and or complimentary meals. Do not include discounts as separate transactions.

Educational Training Units
Count the number of community/staff educational units performed for individuals or groups either inside or outside of the hospital setting. A 15 minute block of time is considered one unit. For example, a one hour nutritional training class performed for a group at a senior center would be counted as 4 units (regardless of how many people were in the class). This excludes any inpatient or outpatient education, consult time and billable services.

This is a subset of Total Department Activity.

Interdisciplinary Team Round Units
The number of patient care rounds performed with other healthcare providers across the hospital counted in 15 minute blocks of time. For example, one hour spent performing rounds would result in a count of 4 units.

This is a subset of Patient Activity.

Patient Activity
Department patient activity, including total nutritional screenings, interdisciplinary rounds, plus medical nutritional therapy interventions. Exclude time spent in inservice education, classes provided to non patients, staff meetings, and program development time.

This is a subset of Total Department Activity.

Total Department Activity
Total department activity including total nutritional screenings, interdisciplinary rounds, and medical nutritional therapy patient activity plus education training units non-patient activity.
Total Dietary Consults
Total dietary consults provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A dietary consult is defined as a 30 minute block of time allocated directly to the assessment, planning, or provision of patient nutritional care. Excluded is time spent in patient education, inservice education, classes provided to non patients, staff meetings, and program development time. Count each 30 minute block of time as a consult.

Total Medical Nutritional Therapy Interventions
Total medical nutrition therapy interventions provided by Food and Nutritional Services staff from this department. Include both initial and follow up consults. A Medical Nutrition Intervention is defined as a 15 minute block of time allocated directly to the assessment, planning, patient education or provision of patient nutrition care. Excluded is screening and time spent in inservice education, classes provided to non patients, staff meetings, and program development time. Count each 15 minute block of time as an intervention.

Total Nutritional Screenings
Screening may include but is not limited to reviewing charts, reports, interviewing patients and electronic screening. Do not include screenings done by nursing. Do not count time allocated as consult time. Count the number of screenings in 15 min blocks.

This is a subset of Patient Activity.

Other Food and Nutrition Services Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Dietetic Technician
Total hours worked by Dietetic Technicians. Include those individuals who have the ability to support a clinical dietitian whose duties may include but are not limited to initial screening, education, calculating calorie counts and providing any direct patient care. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Food Service**

Total hours worked by food service production and delivery staff (e.g., staff who are not management, clinical or clerical support staff). Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Registered Dietitian**

Total hours worked by Registered Dietitians. Include regular hours and actual premium and overtime hours worked. Exclude on call standby hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Other Food and Nutrition Services Revenue Elements

ART: Non Patient Transfers and Credits including Foregone Revenue

All transfers and credits for non-patient items (i.e., employee discounts, complimentary meals, free meals, internal and external catering, vending machine, and foregone revenue). Include only if you receive a transfer or credit for these items. Do not double count values reported here in ART: Other Non Patient Revenue.

ART: Other Non Patient Revenue

The total revenue received for vending contract services, meals for other facilities and programs, guest meals and catering revenue. Exclude any revenue received from nourishments, supplements, tube feedings, and floor stock. Do not include vendor rebates or sales tax. Do not double count values reported here in ART: Non Patient Transfers and Credits.

This is a component of Department Revenue.

ART: Retail Revenue

Total retail net revenue for the reporting period. Include all cash, debit, credit cards, payroll deductions, cafeteria receipts, etc. received. Do not include sales tax or foregone revenue.

This is a component of Department Revenue.

Department Revenue

Total cash and commissions revenue generated by the department for products and services provided to outpatients, facility staff, and the general public for the reporting period. Include revenue for outpatient dietetic counseling and food supplements, cafeteria and vending services, outside catering, and bulk food sales to other hospitals, schools, or other entities.

Other Food and Nutrition Services Expense Elements

Food Expense

Total expense for food. Include perishables, non-perishables, and floor stock expense. Record any food expenses charged to other departments in this category.

This is a subset of Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

Service Contracts Expense

Total expense for all purchased service contracts used to perform department functions during the reporting period.

This is a subset of Other Direct Operating Expense.

Supplemental Food Expense

Using vendor invoices for this period, sum the total raw cost for nourishments (include between meal feedings, diabetic snacks, and between meal snack cart services), supplements, tube feedings, congregate meals, specialty infant feedings and floor stock. Do not include food items provided to departments for employee use.

This is a subset of Food Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Other Food and Nutrition Services Mandatory Elements

The following data elements are mandatory for this department:

- ART: Non Patient Transfers and Credits incl Foregone Revenue
• ART: Other Non Patient Revenue
• ART: Patient Meals
• ART: Retail Revenue
• ART: Total Number of Retail Transactions
• Department Revenue
• Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Supplemental Food Expense
• Total Medical Nutritional Therapy Interventions
• Worked Hours: Staff

**Other Food and Nutrition Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Expenses associated with community service nutrition programs, e.g., Meals on Wheels
• Food Service Worker
• Kitchen cleaning and daily cleaning of dining areas

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Student interns/trainees
Food and Nutrition Services Worksheet

The Average Retail Transaction worksheet calculates several data elements, primarily meal equivalents workload data for the following Food and Nutritional Services departments: 05110, Patient Food Services; 05112, Patient and Nonpatient Food Services; 05120, Non Patient Food Services; and G5100, Other Food Services. The worksheet is a Microsoft Excel spreadsheet and contains all the necessary computations and instructions.
Chapter 17. Generic Facility

This chapter includes the following sections:

- F6900, Other Services Functional Rollup 726
- G6900, Other Services 729
- G6901, Unmappable Cost Centers 736

F6900, Other Services Functional Rollup

This functional rollup department automatically combines data for all mapped instances of the G6900, Other Services department within the Generic Facility Level series. This rollup excludes any data for departments mapped to the G6901, Unmappable Cost Centers department, as it is intended to represent a component of the 00100, General Facility Department.

Other Services Functional Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Services Functional Rollup Expense Elements

Drug Expense

Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

**Other Services Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**G6900, Other Services**

This generic department includes all cost centers that do not fit in any of the alternate departments offered in the product, including depreciation and interest expense cost centers and other cost centers having hours and expenses reflected in the 00100, General Facility department.
Other Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Overtime
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider
Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Services Facility Expense Elements

Bad Debt Expense
Estimated write-offs for the entire facility for uncollected accounts receivable.

This is a subset of Other Direct Operating Expense.
**Depreciation Expense**

The portion of fixed asset costs for the entire facility used during the Report Period based on their estimated lives and salvage values.

This is a subset of Other Direct Operating Expense.

**Drug Expense**

Total department pharmaceutical expense.

This is a subset of Medical Supply Expense.

**Interest Expense**

The amount owed for the entire facility to bond holders and other creditors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense.

Total Related Party Allocation Expense

Total dollar value of services both received from and provided to related parties (e.g., Corporate Office, University, City, State) that is recorded to reflect the true cost of care.

This is a subset of Other Direct Operating Expense.

Other Services Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Related Party Allocation Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Other Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Anesthesiology Training Program
- Bench teaching of students (non-department employees)
- Clinical Research Informatics (the use of informatics in the discovery and management of new knowledge relating to health and disease; the mgmt of info related to clinical trials and informatics related to secondary research use of clinical data)
- Costs for subscriptions and license fees to databases
- Grant or research funded services
- Hospital-based School of Medical Technology
- Information Desk
- Interpreters
- Legal Affairs (In-House Counsel) and Legal Fees
• Maintenance and monitoring of patient implanted devices after discharged, e.g., clinical follow-up, remote monitoring, programming assessments for these types of devices: ICDs, Pacemakers, Loop Recorders, VADs

• Management/Oversight of a school based curriculum/program for radiation therapy students

• Medical Library functions, e.g., Librarian

• Midwife

• Nurse call system operations and maintenance

• Operating a hospital based School of Nursing, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Operating a hospital based School of Orthotics and Prosthetics, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Operating a hospital based School of Respiratory Care, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Operation of hospital parking garage and valet parking program

• Parking functions, e.g., tollbooth, valet services

• Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents

• Patient Satisfaction, including the survey process and analysis of the results

• Performance Improvement, e.g., time spent on creating, planning, implementing, researching and driving organizational operational changes

• Pharmaceutical research programs, e.g., investigational drug studies

• Physician billing, unless combined on same bill with hospital services, e.g., processing the claim for reimbursement by third party payer

• Physician Referral

• Physician services such as answering service, message service or dictation services

• Residency Program, e.g., administrative oversight of the program, costs to run learning laboratories

• Student interns/trainees
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

- Transplant Coordinator

- Transplant Program staff and activities (i.e. registry, accreditation/regulatory compliance, statistical reporting)

- Transport of organs via air (fixed wing or helicopter) or ground ambulance

- Organ procurement or acquisition expenses

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Accounts Payable processing

- Bench teaching of department employees

- Budget Preparation (Operational, Capital, etc)

- Capital Tracking and Asset Management

- Conferences and/or Educational events (clinical or leadership)

- Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization

- Courier Services, e.g., transporting of goods and supplies to and from facility and/or off-site locations. Do not include the lab courier function

- Financial Decision Support, e.g., variance analysis, benchmarking, cost accounting, profitability analysis (Pro Formas), productivity monitoring updates to financial information systems

- First Assistants (include RNFAs, Physician Assistants and other non-MDs functioning as First Assistants)

- Internal Auditing

- Inventory Control, e.g., checking the quality, quantity, and condition of incoming supplies and equipment, responsible for the storage and distribution of goods and materials

- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

- Nursing Managers/Directors above the nursing unit management level

- Print Shop/Copy Center for the facility

- Purchasing, Receiving, Warehousing and Inventory Control (Pharmacy)
• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing department (Excludes food and pharmaceuticals)

• Senior Management, Executive Staff and clerical support staff, e.g., CEO, CFO, VPs, Assistant Administrators

• Shift supervision for the entire house

• Staff who perform new employee/new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits

• Treasury and Cash Management

G6901, Unmappable Cost Centers

Unmappable Cost Centers

This generic department includes the cost centers that are not represented as part of the facility's General Ledger or Operating Statements. These cost centers should not rollup to the 00100, General Facility department. Examples include: Cost Centers from facilities within a system that have a different provider number (Tax ID), or have a separate Operating Statement and Statement of Financial Position.
Chapter 18. General Facility Level (GFAC)

This department covers organization level data regarding: (1) Operating and Financial Statistics, (2) Organization Type, Ownership, and Setting, (3) Organization and Operational Characteristics and (4) Organization Services. This is a department that is automatically created once department mapping is finalized.

This chapter includes the following sections:

- Operating and Financial Statistics 738
- Statement of Financial Position Items 753
- Statement of Revenue and Expense 760
- Non-Acute Data 777
- 00100, GFAC Mandatory Elements 780
- GFAC Worksheets 786
Operating and Financial Statistics

This chapter includes the following sections:

- Other Financial Data 738
- Capacity 739
- Patient Days 740
- Patient Discharges 743
- Case Mix and Area Wage Indices 746
- Worked Hours 746
- Paid Hours 748
- Other Statistical Data 749

Other Financial Data

Amounts reported in this section are also reported in the relevant balance and Statement of Revenue and Expense elements. The amounts reported in the other financial data elements represent an additional reporting of these amounts, not a duplication of these amounts. Or, in other words, the same dollar is being reported differently.

Capital Lease Payments

Payments to pay off or retire any capital lease liabilities. Report the amount appropriate to the period being reported.

Debt Service Payments

The total funds the organization must pay to service its debt each year. This amount includes both principal payments and interest expense. Do not include capital lease payments. Report the amount appropriate to the period being reported.

Net Facility Patient Revenue

Net facility patient revenue represents the sum of inpatient and outpatient net revenue generated through hospital services.
Net Provider Revenue

Net provider revenue represents the sum of inpatient and outpatient net revenue generated through employed physician and other provider professional fees.

Note: This data element is required to calculate indicators that exclude providers.

Total Capital Purchases

Capital outlays during the period being reported for land, buildings, fixed equipment and moveable equipment and any other asset that will have a useful life of more than a year.

Total Cash Collections^^

This amount represents the cash collected from patients at the time that the services has been rendered by the organization. This amount is the sum of deductibles, co pays, and self pay amounts that is collected in cash, check, or credit card transactions at time of service.

Total Philanthropy^^

The sum of unrestricted and restricted contributions, donated funds and grants which are not exchange contracts received by the organization during the reporting period. Interest earned on previously donated restricted funds is excluded.

Total Related Party Allocation Expense

Total dollar value of services both received from and provided to parent or affiliated parties (e.g., Corporate Office, University, City, State) that is recorded to reflect the true cost of care. Note that this is not a subset of Other Direct Operating Expense.

Total Related Party Support^^

The sum of expenses for services provided to a parent or affiliated party (e.g., Corporate Office, University, City, State) for which no payment is expected.

This is a component of Total Related Party Allocation Expense.

Total Tax Support Received

The sum of unrestricted and restricted funds provided by hospital districts, counties, and other governmental agencies with tax authority and not tied directly to services provided to specific individuals as payment for services.

Capacity
**Acute Care Bed Capacity**

Enter the total acute bed capacity that are licensed, physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds. Exclude newborn nursery bassinets.

This is a subset of Total Operating Beds.

**Non Acute Bed Capacity**

Enter the total non acute bed capacity that are licensed, physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

This is a subset of Total Operating Beds.

**Total Licensed Beds**

Total beds licensed for operation by state or local licensing agencies. Do not include bassinets.

**Total Operating Beds**

Enter the total number of beds that are licensed, physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds. Exclude newborn nursery bassinets.

**Patient Days**

**Behavioral Health Patient Days**

Total Behavioral Health Patient Days supported by the organization.

This is a subset of Total Acute Care Patient Days.

**Charity Care Patient Days**

Total patient days for inpatients with charity care identified as the primary designation. Patient days excludes ambulatory surgery, observation patients and normal newborns.
This is a subset of Total Patient Days.

Commercial Insurance Patient Days^^

Total patient days for inpatients with commercial insurance identified as the primary payer. This includes Blue Cross Blue Shield and other commercial insurance payers. Patient days excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Days.

Critical Care Patient Days^^

Total critical care patient days supported by the organization. This includes critical care days from all critical care and intermediate nursing units, as well as level II, level III and level IV neonate patient days.

This is a subset of Total Acute Care Patient Days.

Other Acute Care Patient Days^^

Other acute care patient days includes all acute patient days not identified as critical care, behavior health inpatient or rehabilitation inpatient days supported by the organization. Exclude skilled nursing, long term care, ambulatory surgical or medical care observation patients, and normal newborn (MS DRG 795) nursery days.

This is a subset of Total Acute Care Patient Days.

Managed Care Patient Days

Total patient days for inpatients with managed care identified as the primary payer. This includes managed care patient days for Medicare, Medicaid, Blue Cross, and other managed care programs. Patient days excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Days.

Medicaid Patient Days

Total patient days for inpatients with non managed care Medicaid identified as the primary payer. Patient days excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Days.

Medicare Patient Days

Total patient days for inpatients with non-managed care Medicare identified as the primary payer. Patient days excludes ambulatory surgery, observation patients and normal newborns.
This is a subset of Total Patient Days.

**Nursing Observation Days**

Total nursing outpatient observation hours divided by 24 supported by the organization. Include true observation patient hours only (hours spent by patients on a nursing unit and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

This is a subset of Total Observation Days.

**Other Observation Days**

Total other outpatient observation hours divided by 24 supported by the organization. Include true observation patient hours only (hours spent by patients in a clinical department such as the Emergency Department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

This is a subset of Total Observation Days.

**Other Patient Days**

Total patient days for inpatients covered by other payers or other sources not listed above. Patient days excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Days.

**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Rehabilitation Patient Days**

Total Rehabilitation Patient Days supported by the organization.

This is a subset of Total Acute Care Patient Days.
Self Pay Patient Days
Total patient days for self pay inpatients. Patient days excludes ambulatory surgery, observation patients and normal newborns.
This is a subset of Total Patient Days.

Total Acute Care Patient Days
Total acute care patient days supported by the organization. Include acute psychiatric and rehabilitation patients. Exclude skilled nursing, long term care and normal newborn (MS DRG 795) patient days.
This is a subset of Total Patient Days.

Total Non Acute Care Patient Days
Total skilled nursing, swing bed, subacute, and or long term care patient days supported by the organization.
This is a subset of Total Patient Days.

Total Outpatient Observation Days
Total outpatient observation hours divided by 24 supported by the organization. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Total Patient Days
Report the total number of inpatient days, including all acute and non acute patient days, supported by the organization during the reporting period. Patient days excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795). Include neonatal intermediate and neonatal intensive care patient days. Total patient days should represent the sum of patient days by service level as well as the sum of patient days by payer designation.

Patient Discharges

Behavioral Health Patient Discharges^
Total Behavioral Health Patient Discharges supported by the organization.
This is a subset of Total Acute Care Patient Discharges.
Charity Care Patient Discharges

Total discharges related to charity care patients. Discharges excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Discharges.

Commercial Insurance Patient Discharges^^

Total discharges for patients with commercial insurance identified as the primary payer. This includes Blue Cross Blue Shield and other commercial insurance payers. Patient days excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Discharges.

Critical Care Patient Discharges^^

Total critical care patient discharges including deaths supported by the organization for the reporting period. This includes critical care discharges exclusively from all critical care and intermediate nursing units, as well as level 2, level 3 and level 4 discharges from an inpatient unit, such as a neonatal intensive care unit or the newborn nursery.

This is a subset of Total Acute Care Patient Discharges.

Other Acute Care Patient Discharges^^

Other acute care includes all acute patient discharges (including deaths) not identified as critical care, behavioral health inpatient or rehabilitation inpatient discharges supported by the organization for the reporting period. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Acute Care Patient Discharges.

Managed Care Patient Discharges

Total discharges for patients with managed care identified as the primary payer. This includes managed care patient discharges for Medicare, Medicaid, Blue Cross, and other managed care programs. Patient days excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Discharges.

Medicaid Patient Discharges^^

Total discharges related to non managed care Medicaid patients. Discharges excludes ambulatory surgery, observation patients and normal newborns.
This is a subset of Total Patient Discharges.

**Medicare Patient Discharges**

Total discharges related to non managed care Medicare patients. Discharges excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Discharges.

**Other Patient Discharges**

Total discharges related to patients covered by other payers or other sources not listed above. Discharges excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Discharges.

**Rehabilitation Patient Discharges**

Total Rehabilitation Patient Discharges supported by the organization.

This is a subset of Total Acute Care Patient Discharges.

**Self Pay Patient Discharges**

Total discharges related to self pay patient. Discharges excludes ambulatory surgery, observation patients and normal newborns.

This is a subset of Total Patient Discharges.

**Total Acute Care Patient Discharges**

Total acute care patients discharges, including deaths supported by the organization for the reporting period. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Patient Discharges.

**Total Non Acute Care Patient Discharges**

Total skilled nursing, swing, sub acute, and or long term care discharges including deaths supported by the organization for the reporting period.

This is a subset of Total Patient Discharges.
Total Patient Discharges

Total number of inpatients discharged from the organization during the reporting period. Include all inpatients released from care through a formal notification process. In addition, deaths, transfers to a different health care institution, and those patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795). Total patient discharges should represent the sum of patient discharges by service level and patient discharges by payer designation.

Case Mix and Area Wage Indices

Area Wage Index

Report the organization's CMS assigned Area Wage Index which corresponds to the reporting period. For example, CMS publishes the new Wage Index files in August for the next fiscal year (beginning October 1st), so your organization's Area Wage Index value would be expected to change from the 3rd Quarter data period (July 1st to September 30th) to the 4th Quarter data period (October 1st to December 31st) in ActionOI. Be sure to check the CMS website and use the Final Rule Wage Index Tables. Also, you need to multiply the Wage Index by 100. For example, report a Wage Index of 1.4582 as 145.82. The Area Wage Index should not change mid CMS fiscal year.

Hospital Case Mix Index

The Hospital Case Mix Index, which includes all inpatients for the period under report, except MS DRG 795 (normal newborn delivery), regardless of payer source and according to Centers for Medicare and Medicaid Services (CMS) weights and methodology. Multiply the hospital case mix index by 100. For example, report a hospital CMI of .9684 as 96.84. If reporting more than one facility, use the Weighted Hospital Case Mix Index computation worksheet.

Medicare Case Mix Index

The Medicare Case Mix Index as determined by the Centers for Medicare and Medicaid Services CMS methodology for the period under report. Exclude MS DRG 795 normal newborn delivery. Multiply the actual Medicare Case Mix Index by 100. For example, report a Medicare CMI of 1.1991 as 119.91. If reporting more than one facility, use the Weighted Hospital Case Mix Index worksheet.

Worked Hours

Non Provider Worked Hours

Represents the sum of all productive and non productive worked hours for employed non provider employees excluding employed physician providers. Worked hours for staff include regular hours, overtime hours, hours worked by on call staff, educational hours on or off site, and orientation hours. Exclude non payroll contract labor hours, on call standby hours, and volunteer hours.

This is a subset of Total Employee Worked Hours.
Overtime Worked Hours

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a component of Non Physician Worked Hours.

Physician Provider Worked Hours

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a subset of Total Employee Worked Hours.

This is a subset of Total Employee Worked Hours.

Total Contract Worked Hours

Represents the sum of all agency or registry staff and contract staff labor utilized to supplement existing employee staff in the normal production activities of the organization. Exclude hours related to provider professional fee expense.

Note: Worked hours for non payroll employees should be equivalent to the number of paid hours for this category. If actual worked hours are not available, estimate the hours by dividing the total amounts paid by the average hourly rate.

This is a subset of Total Worked Hours.

Total Employee Worked Hours

Represents the sum of non provider worked hours and physician provider worked hours.

This is a subset of Total Worked Hours.

Total Worked Hours

Represents the sum of total employee worked hours and total contract worked hours. Include worked hours for employed physician providers, non provider employees and contract personnel (e.g. agency, contract or outsourced staff) worked hours. Worked hours include regular hours, overtime hours, hours worked by on call staff, educational hours on site or off site, orientation hours, and non payroll contract labor hours. Worked hours excludes On call standby hours and volunteer hours.
Paid Hours

Non Clinical Contract Labor Paid Hours^^

Represents the paid hours related to the non payroll expense for non clinical services provided through outsourcing or any other contracted services agreements.

This is a subset of Total Contract Paid Hours.

Non Provider Paid Hours

Represents the sum of hours paid, including regular, premium, and paid time off hours for non provider employees. Exclude on call or standby time.

This is a subset of Total Employee Paid Hours.

Other Clinical Contract Labor Paid Hours^^

Represents the hours related to the non payroll expense for nursing or other clinical staffing provided by registry, agency services, outsourcing or any other contracted services agreements.

This is a subset of Total Contract Paid Hours.

Physician in Training Paid Hours^^

Represents the sum of hours paid to medical students, interns, residents, and fellows through the organization’s payroll system.

This is a component of Physician Provider Paid Hours.

Physician Provider Paid Hours

Represents hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Total Employee Paid Hours.
Total Contract Paid Hours

Represents the sum of clinical and non clinical staff services or contract hours purchased by the organization. This is a subset of Total Paid Hours. Exclude hours related to Provider Professional Fee Expense. (NOTE: Paid hours for non payroll employees should be equivalent to the number of worked hours for this category. If actual paid hours are not available, estimate the hours by dividing the total amounts paid by the average hourly rate.)

Total Employee Paid Hours

Represents the sum of non provider paid hours and physician provider paid hours.

This is a subset of Total Paid Hours.

Total Paid Hours

Represents the sum of total employee paid hours and total contract paid hours. It should reflect all accrued worked hours and paid time off (i.e., sick leave, vacation, holiday, jury duty, bereavement, etc.) for all employees, including physicians, other providers, and non payroll employees (i.e. agency, contracted staff, and related party staff).

Other Statistical Data

Ambulatory Surgery Cases

The total ambulatory or outpatient surgery cases. Include patients seen through discrete visits. A case may involve more than one surgical procedure, but it still counts as one case if all procedures are performed during the operation.

This is a subset of Operating Room Cases.

Average Full Time Employee Headcount

Average number of individuals employed by the organization on a full time basis during the reporting period.

This is a component of Employee Headcount.

Average Unionized Employees

Average number of individuals employed by the organization who are represented by a collective bargaining unit.

This is a component of Employee Headcount.
Blood Intensity Score

The Blood Intensity Score is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Blood Intensity Score. Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97).

Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element.

Employee Headcount

Report the average employee headcount during the period under report.

Note: The average number of pay checks generated or the total number of employees reported by the Human Resources department provides a means to report this element.

External Financial Interest

The total of all equity in related organizations throughout the health system.

HCAHPS Hospital Recommendation Percent

Based on the most recently published version of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, enter the percent of respondents who reported YES, they would definitely recommend the hospital to friends and family (Question #22).

Note: Publicly reported HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals' HCAHPS results four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on.

Visit http://www.hospitalcompare.hhs.gov to obtain your organization's score.

HCAHPS Overall Hospital Rating Percent

Based on the most recently published version of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, enter the percent of respondents who rated the hospital either 9 or 10 (on the 10-point scale where 0 is the worst hospital possible and 10 is the best hospital possible) to Question #21.

Note: Publicly reported HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals' HCAHPS results four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on.
Visit http://www.hospitalcompare.hhs.gov to obtain your organization's score.

**Operating Room Cases**

The total number of Operating Room cases. There may be multiple surgical procedures performed during a single case. Include patients seen through discrete visits. A case may involve more than one surgical procedure, but it still counts as one case if all procedures are performed during the continuous visit to the operating room.

**Physicians on Active Medical Staff**

The total number of active physicians on the medical staff and supported by the Medical Staff Services department. To qualify as active, physicians must have admitted at least 20 inpatients during the last year. Count only those active physicians whose credentialing and recredentialing are handled by the Medical Staff Services department. In some instances, these professionals may not be employed by the organization. Exclude associate, consulting, in active, or emeritus status.

**Supply Excluding Organs and Blood Intensity Score**

The Supply less Organs and Blood Intensity Score is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Supply less Organs and Blood Intensity Score. Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97).

Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element.

**Supply Excluding Organs Intensity Score**

The Supply less Organs Intensity Score is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Supply less Organs Intensity Score. Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97).

Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element.
Supply Including Pharmaceuticals Intensity Score

The Supply Including Pharmaceuticals Intensity Score is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Supply Including Pharmaceuticals Intensity Score. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97).

Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element.

Supply Intensity Score

The Supply Intensity Score is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Supply Intensity Score. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97).

Refer to the Intensity Score Workbook located on the Support Page for instructions on how to report this element.

Total Emergency Room Visits*

Include all registered ER patients who are triaged through the ER; patients who left the ER against medical advice; and all psychiatric and alcohol/substance abuse related visits. Do not include patients who are DOA (Dead on Arrival).
Statement of Financial Position Items

Statement of Financial Position Items provide a snapshot of the organization's assets and liabilities for a particular point in time.

This chapter includes the following sections:

- Assets 753
- Liabilities 756
- Fund Balance and Equity 758

Assets

Accumulated Depreciation on Property Plant and Equipment

The total portion of property, plant, and equipment costs used to date, based on their estimated lives and salvage value. Please note that land is not depreciable but other categories of property, plant, and equipment are depreciable. Report this value as a negative number.

This is a subset of Net Property Plant and Equipment.

Allowance for Uncollectibles

Amounts estimated for the difference between customary charges for services and the amount that will eventually be paid for those services. This includes contractual allowances and the estimated uncollectible portion of accounts receivable. Report the value as a negative number.

This is a subset of Net Patient Accounts Receivable.

AWUIL Board Designated Funded Depreciation

Funds set aside and designated by the board for a specific purpose, such as future equipment or building replacement. Report only the non current portion.

This is a subset of Total Assets Whose Use is Limited (AWUIL).

Assets Whose Use Is Limited (AWUIL) Trustee Held Funds

Funds required to be held by a trustee for a specific purpose, such as repayment of a bond issue or held to fund self insurance.
This is a subset of Total Assets Whose Use is Limited (AWUIL).

**Cash and Temporary Investments**

Money and instruments such as checks, money orders, or bank drafts that banks will accept for deposit and immediate credit to the depositor's account and investment vehicles held for less than one year that are readily convertible into cash. Current Assets whose Use is Limited should NOT be included.

This is a subset of Total Current Assets.

**Construction in Progress**

The cumulative dollar expenditure for building and or facility improvements currently under construction.

This is a subset of Net Property Plant and Equipment.

**Current Assets Whose Use Is Limited (AWUIL) Board Designated**

Current portion of total assets whose use is limited AWUIL funds set aside and designated by the board for a specific purpose, such as future equipment or building replacement. Report only the current portion. Non current amounts should be reported below in the appropriate non current assets whose use is limited category.

This is a subset of Total Current Assets.

**Current Assets Whose Use Is Limited (AWUIL) Trustee Held**

Current portion of funds required to be held by a trustee, such as for repayment of a bond issue. Report only the current portion.

This is a subset of Total Current Assets.

**Gross Patient Accounts Receivable**

Uncollected gross billings charges for services provided to patients, whether due from individual patients or their third party payers.

This is a subset of Net Patient Accounts Receivable.

**Inventories**

The total of all commodities in stock represents the sum of central supply, stores and pharmacy inventory and all other inventories.

This is a subset of Total Current Assets.
Net Patient Accounts Receivable

Represents the estimated net amount due from hospital payers after recognizing any allowance for uncollectibles. This amount equals gross patient accounts receivables less allowances for uncollectibles.

This is a subset of Total Current Assets.

Net Property Plant and Equipment

The value of property, plant, and equipment less accumulated depreciation.

This is a subset of Total Non Current Assets.

Other Assets Whose Use Is Limited (AWUIL)

All other assets not reported in the AWUIL categories above (e.g., donor restricted net assets).

This is a subset of Total Assets Whose Use is Limited.

Other AWUIL Board Designated Funds

All other board designated funds not included in assets whose use is limited AWUIL board designated funded depreciation.

This is a subset of Total Assets Whose Use is Limited (AWUIL).

Other Current Assets

All other current assets, such as prepaid expenses, that are not included in other current asset categories.

This is a subset of Total Current Assets.

Other Net Receivables

All other receivables, reported net of any allowance, which are not patient accounts receivables. This value includes anticipated revenues from third party payers, such as Medicare.

This is a subset of Total Current Assets.

Other Non Current Assets

Report all other non current assets not reported in the available categories.

This is a subset of Total Non Current Assets.
Property Plant and Equipment

Non current operating assets, such as buildings, machinery, equipment, with usable lives generally greater than three years.

This is a subset of Net Property Plant and Equipment.

Total Assets

The sum of total current assets cash and temporary investments, net patient accounts receivable, other net receivables, inventories, current AWUIL board designated, current AWUIL trustee held, and other current assets and total non current assets non current assets whose use is limited, AWUIL board designated funded depreciation, other AWUIL board designated funds, AWUIL trustee held funds, other AWUIL assets, net property plant and equipment, construction in progress, and other non current assets.

Total Assets Whose Use is Limited

Total non current assets whose use is limited or restricted as to use AWUIL. See the available AWUIL breakout elements for further detail.

This is a subset of Total Non Current Assets.

Total Cash Collections

This amount represents the cash collected from patients at the time that the services has been rendered by the organization. This amount is the sum of deductibles, co pays, and self pay amounts that is collected in cash, check, or credit card transactions at time of service.

Total Current Assets

The sum of cash, temporary investments, receivables net of allowances, and other current assets.

This is a subset of Total Assets.

Total Non Current Assets

Represents the entire complex of fixed tangible long lived assets used by an organization in its operations. This includes total assets whose use is limited AWUIL, net property plant and equipment, and other non current assets.

This is a subset of Total Assets.

Liabilities
Bonds Payable^^

Amount of unpaid principal related to all outstanding bonds.

This is a subset of Total Long Term Debt.

Capital Leases^^

Amount of unpaid principal related to lease obligations that transfers to the lessee most of the risks and benefits of ownership and is accounted for as both an asset and a liability.

This is a subset of Total Long Term Debt.

Current Debt

Current installment of long term debt payments, lines of credit and notes payable.

This is a subset of Total Current Liabilities.

Intercompany Loans^^

A debt obligation owed to a related organization.

This is a subset of Total Long Term Debt.

Mortgage Payable^^

Amount of unpaid principal related to all mortgages, specifically debt obligations pledge designated property as security for the loan.

This is a subset of Total Long Term Debt.

Other Current Liabilities

The short term claims that will mature within one year, examples include accounts payable and accrued payroll. Includes estimated settlements to third-party payers.

This is a subset of Total Current Liabilities.

Other Long Term Debt^^

Report all other long term debt not reported in the available categories.

This is a subset of Total Long Term Debt.
**Other Non Current Liabilities**

All other long term liabilities including self insurance, malpractice and pension liabilities. Also include external financial interest or minority interest.

This is a sub-set of Total Non Current Liabilities

**Total Current Liabilities**

The sum of Other Current Liabilities and Current Debt.

This is a subset of Total Liabilities.

**Total Liabilities**

The sum of Total Current Liabilities and Total Non Current Liabilities.

**Total Long Term Debt**

Debts whose maturity dates are more than one year after the Statement of Financial Position date. Examples are capital lease obligations and payables (e.g., mortgage, bond, etc.).

This is a subset of Total Non Current Liabilities.

**Total Non Current Liabilities**

The sum of total long term debt and other non current liabilities.

This is a subset of Total Liabilities.

**Fund Balance and Equity**

**Restricted Fund Balance and Equity**

The total of all donations received from external sources earmarked for specific purposes.

**Total Liabilities**

The sum of Total Current Liabilities and Total Non Current Liabilities.

**Total Liabilities and Fund Balance**

The sum of Total Liabilities and Total Fund Balance and Equity.
Total Fund Balance and Equity

The sum of Unrestricted Fund Balance and Equity and Restricted Fund Balance and Equity.

Unrestricted Fund Balance and Equity

The difference between Total Assets, and Total Liabilities, excluding Restricted Fund Balance and Equity.
Statement of Revenue and Expense

This chapter includes the following sections:

- Revenue Elements 760
- Expense Elements 766
- Financial Summary 775

Revenue Elements

The following expenses and revenues should tie to the facility's Statement of Revenue and Expense for the reporting period. Pay particular attention that net operating revenue less the total of all expense categories equals the facility's net profit / loss.

Gross Revenue

Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Charity Care Gross Inpatient Revenue^^

Total gross revenue related to charity care inpatients.

This is a subset of Total Gross Inpatient Revenue.

Charity Care Gross Outpatient Revenue^^

Total gross revenue related to all charity care outpatients.

This is a subset of Total Gross Outpatient Revenue.

Commercial Insurance Gross Inpatient Revenue^^

Total gross revenue related to commercial insurance inpatients which includes Blue Cross Blue Shield insurance inpatients.

This is a subset of Total Gross Inpatient Revenue.
**Commercial Insurance Gross Outpatient Revenue^^**
Total gross revenue related to commercial insurance outpatients which includes Blue Cross Blue Shield insurance outpatients.

This is a subset of Total Gross Outpatient Revenue.

**Managed Care Gross Inpatient Revenue^^**
Total revenue related to managed care inpatients. This includes managed care revenue for Medicare, Medicaid, Blue Cross, and other managed care programs.

This is a subset of Total Gross Inpatient Revenue.

**Managed Care Gross Outpatient Revenue^^**
Total gross revenue related to all managed care outpatients.

This is a subset of Total Gross Outpatient Revenue.

**Medicaid Gross Inpatient Revenue^^**
Total gross revenue related to all non managed care Medicaid inpatients, including non prospective pay patients such as patients on excluded units.

This is a subset of Total Gross Inpatient Revenue.

**Medicaid Gross Outpatient Revenue^^**
Total gross revenue related to all non managed care Medicaid outpatients.

This is a subset of Total Gross Outpatient Revenue.

**Medicare Gross Inpatient Revenue^^**
Total gross revenue related to all non managed care Medicare inpatients, including non prospective pay patients such as patients on excluded units.

This is a subset of Total Gross Inpatient Revenue.

**Medicare Gross Outpatient Revenue^^**
Total gross revenue related to all non managed care Medicare outpatients.

This is a subset of Total Gross Outpatient Revenue.
Other Gross Inpatient Revenue

Total gross inpatient revenue for any payer categories not reported in other categories. Examples include funds provided by other national, state, or local governmental sources.

This is a subset of Total Gross Inpatient Revenue.

Other Gross Outpatient Revenue

Total gross outpatient revenue for any payer categories not reported in other categories. Examples may include funds provided by other national, state, or local governmental sources.

This is a subset of Gross Outpatient Revenue.

Self Pay Gross Inpatient Revenue

Total revenue related to self pay inpatients.

This is a subset of Total Gross Inpatient Revenue.

Self Pay Gross Outpatient Revenue

Total revenue related to self pay outpatients.

This is a subset of Total Gross Outpatient Revenue.

Total Gross Inpatient Revenue

Total dollar value, at the organization’s full established rates, of hospital and provider services delivered to all inpatients including acute, sub acute, and long term care inpatients and residents. Include non prospective pay patients (such as patients on excluded units).

This is a subset of Total Gross Patient Revenue.

Total Gross Outpatient Revenue

Total dollar value, at the organization’s full established rates, of hospital and provider services delivered to outpatients. Items such as revenues from an ambulatory surgery center or revenues for same day medical and surgical patients would be included. This may also include revenues generated from services provided to other organizations that are consistent with outpatient services but are technically provided to non patients (i.e., reference laboratory services provided to nursing homes and physician practices).

This is a subset of Total Gross Patient Revenue.

Total Gross Patient Revenue

Represents the sum of Total Gross Inpatient Revenue and Total Gross Outpatient Revenue.
Deductions from Revenue

Charity Care Allowances and Discounts^^

This value should equal gross patient revenue for charity care, unless adjustments are being made for understating or overstating charity care allowances and discounts in prior periods. Enter a positive number for this element even though your organization may list allowances and discounts (deductions) as a negative number.

This is a subset of Total Contractual Allowances and Discounts.

Commercial Contractual Allowances and Discounts^^

Estimated difference between actual charges for hospital and provider services and the revenue contractually agreed upon with commercial insurance which includes Blue Cross Blue Shield insurance. Enter a positive number for this element even though your organization may list contractual allowances and discounts (deductions) as a negative number.

This is a subset of Total Contractual Allowances and Discounts.

Managed Care Contractual Allowances and Discounts^^

Estimated difference between actual charges for hospital and provider services and the revenue contractually agreed upon with managed care programs. Enter a positive number for this element even though your organization may list contractual allowances and discounts (deductions) as a negative number.

This is a subset of Total Contractual Allowances and Discounts.

Medicaid Contractual Allowances and Discounts^^

Estimated difference between actual charges for hospital and provider services and the revenue contractually agreed upon with the Medicaid program. Enter a positive number for this element even though your organization may list contractual allowances and discounts (deductions) as a negative number.

This is a subset of Total Contractual Allowances and Discounts.

Medicare Contractual Allowances and Discounts^^

Estimated difference between actual charges for hospital services and the revenue contractually agreed upon with the Medicare program. Enter a positive number for this element even though your organization may list contractual allowances and discounts (deductions) as a negative number.

This is a subset of Total Contractual Allowances and Discounts.
Other Contractual Allowances and Discounts^^

Estimated difference between actual charges for hospital and provider services and the revenue contractually agreed upon with all other programs not included in the above categories. Enter a positive number for this element even though your organization may list contractual allowances and discounts (deductions) as a negative number.

Note: Do not include Provision for Bad Debts in this element.

This is a subset of Total Contractual Allowances and Discounts.

Self Pay Allowances and Discounts^^

Estimated difference between actual charges for hospital and provider services and the revenue agreed upon with self pay individuals. Enter a positive number for this element even though your organization may list allowances and discounts (deductions) as a negative number.

This is a subset of Total Contractual Allowances and Discounts.

Total Contractual Allowances and Discounts

Total contractual allowances and discounts (deductions) from revenues consisting of provisions for contractual agreements, discounts and charity care. Enter a positive number for this element even though your organization may list contractual allowances and discounts (deductions) as a negative number. Offset contractual allowance by any Disproportionate Share payments you received during the reporting period. In accordance with the GASB and FASB, the provision for bad debts related to patient service revenue should be reported as a deduction from revenue and should be reported in the element called Provision for Bad Debts.

Note: Report the provision for bad debts unrelated to patient service revenue as an operating expense.

Net Revenue

Inpatient Revenue (net of contractual allow and discounts)^

Total net revenue for services provided to all inpatients, including acute, subacute, and long term care inpatients and residents net of all contractual allowances, discounts and charity care.

This is a subset of Patient Service Revenue.

Net Operating Revenue From Ambulatory Surgery Centers*

Net operating revenue generated from ambulatory surgery centers owned by the health system.
Net Operating Revenue From Health Plan*

Net operating revenue generated from health plan owned by the health system.

Net Operating Revenue From Long Term Care Facilities*

The percent of net revenue generated from long term care facilities.

Net Other Operating Revenue

Report all revenue that is non patient related but is a by product of the organization's operations (i.e., revenues from cafeteria meals, vending machines, pay telephones, radiology silver recovery, etc.).

This is a subset of Total Net Operating Revenue.

Net Patient Service Revenue less Provision for Bad Debts

Net patient service revenue less provision for bad debts represents the sum of patient service revenue (net of contractual allowances and discounts) less provision for bad debts related to patient service revenue.

Outpatient Revenue (net of contractual allow and discounts)^

Total net revenue for services provided to outpatients net of all contractual allowances, discounts and charity care.

This is a subset of Patient Service Revenue.

Patient Service Revenue (net of contractual allowances and discounts)

Patient Service Revenue (net of contractual allowances and discounts) represents the sum of gross patient revenue less total contractual allowances and discounts. This is computed by subtracting all contractual allowances, discounts and charity care from gross patient revenue. Do not include Provision for Bad Debts as part of Total Contractual Allowances and Discounts when reporting this element. (This element was formally known as Total Net Patient Revenue.)

This is a subset of Total Net Operating Revenue.

Provision for Bad Debts

Estimated write offs for uncollected accounts receivable related to patient service revenues. Enter a positive number for this element even though your organization may list provision for bad debts as a negative number. Do not report provision for bad debts in Total Contractual Allowances and Discounts.

Note: Report the provision for bad debts unrelated to patient service revenue as an Other Operating Expense.
Total Net Operating Revenue

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products provided by the organization and it's employed providers. This is computed by subtracting from gross operating revenues, all contractual allowances and discounts, charity care, provision for bad debts related to patient service revenues, and other deductions as appropriate. This is the sum of net patient service revenue less provision for bad debts plus net other operating revenue.

Expense Elements

Labor Expense

Contract Purchase Service Expense

Report the expense for the period for contract purchase services, such as services delivered under a contractual agreement (e.g., Housekeeping services, Payroll Services). This is the remainder of total contract purchase services expense that you are not able to allocate to another expense category. Include expenses for outside or related party purchased services paid by the job and not by the hour. If the hours associated with this expense are available, then report this expense in Total Contract Labor Expense.

This is a subset of Total Other Operating Expense.

Health Insurance Benefit Expense

Total employer cost for the period for employee health insurance and supplementary programs, such as dental and vision, whether through premiums or self insured programs. Include health insurance costs for both employed providers and employed non providers. Do not include deductibles from your organization’s hospital revenues for covered employees.

This is a component of Total Benefits Expense.

Non Clinical Contract Labor Expense

Total non payroll expense for non clinical services provided through outsourcing or any other contracted services agreements where the staff are paid by the hours and hours can be provided.

This is a subset of Total Contract Labor Expense.

Non Provider Benefit Expense

Total employer cost for the period for providing employee fringe benefits, including non cash performance awards, health care benefits, survivor protection benefits, and retirement. Include only the benefits for non provider employees associated with the expense reported for non provider salary expense.

This is a subset of Total Benefit Expense.
Non Provider Salary Expense

Total gross salaries and wages paid to all non provider employees. Do not include salaries for employed physicians or advance practitioners wages or wages associated with any contract service.

This is a subset of Total Employee Salary Expense.

On Call Salary Expense^^

Total dollars paid to all non provider employees for on call coverage.

This is a component of Non Provider Salary Expense.

Other Clinical Contract Labor Expense^^

Total non payroll expense for nursing or other clinical staffing provided by registry, agency services, outsourcing or any other contracted services agreements where the staff are paid by the hour and hours can be provided.

This is a subset of Total Contract Labor Expense.

Overtime Salary Expense

Total dollars paid to all nonexempt, non provider employees for overtime hours worked. The value reported reflects payments of at least time-and-one-half of the regular rate for hours worked over the employee's normal work schedule (40 hour workweek, or 8-80 workweek). This value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a component of Non Provider Salary Expense.

Physician in Training Salary Expense^^

Total payroll expense corresponding to hours paid to medical students, interns, residents, and fellows through the organization's payroll system.

This is a component of Physician Provider Salary Expense.

Physician Provider Benefit Expense

Total employer cost for the period for providing employed non administrative physician providers, physician assistants, nurse practitioners, CRNAs, residents, interns, physicians in training with fringe benefits, including non cash performance awards, health care benefits, survivor protection benefits, and retirement.

Note: This data element is required to calculate indicators excluding physician provider expense and revenue.
This is a subset of Total Benefit Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Total Contract Labor Expense.

**Physician Provider Salary Expense**

Total gross salaries and wages paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advanced practitioners should be reported in the physician provider professional fee expense element.

This is a subset of Total Employee Salary Expense.

**Related Party Service Contract Expense**

Report the expense for the period for contract purchase services, such as services delivered under a contractual agreement (e.g., Housekeeping services, Payroll Services) provided by a Related Party such as a University or Corporate Office. This is the remainder of the related party contract expenses that you are not able to allocate to another expense category. Include expenses for related party purchased services paid by the job and not by the hour. If the hours associated with this expense are available, then report this expense in Total Contract Labor Expense.

This is a subset of Contract Purchase Service Expense.

**Retirement Plans Benefit Expense**

Total employer cost for the period for pensions, retirement, tax deferred annuities, and 401(k) payments for the organization.

This is a component of Total Benefits Expense.
Total Benefit Expense

Total expense for the period for employee benefits for both physician providers and non providers (i.e. retirement, health insurance, disability insurance, life insurance, FICA taxes, etc.).

This is a subset of Total Employee Labor Expense.

Total Contract Labor Expense

Total expense for agencies, registry staff, related party services, and provider services delivered under a contractual agreement (e.g., Emergency Department physician coverage) when hours are available. Exclude labor expense for external consultants or other purchased services paid by the job and not by the hour. If you are not able to report the hours associated with the cost of Total Contract Labor expense, then report this expense in Contract Purchase Services Expense.

This is a subset of Total Labor Expense.

Total Employee Labor Expense

The sum of total employee salary expense data element and total benefit expense data element.

This is a subset of Total Labor Expense.

Total Employee Salary Expense

Total gross salaries and wages paid to all non provider and physician provider employees. Salaries do not include the wages associated with any contract service.

This is a subset of Total Labor Expense.

Total Labor Expense

Total labor expense represents the sum of total employee labor expense data element (sum of total employee salary expense and total benefit expense) and total contract labor expense data element (total dollars payable to agencies, registry staff, related party services, and physician provider services delivered under a contractual agreement if hours worked and paid are provided).

This is a subset of Total Operating Expense.

Supply Expense

Blood and Blood Products Supply Expense

Report the expense for the period of total purchased blood and blood products, including fresh blood, bone marrow, plasma derived products, recombinant products, aphaeresis and autologous transfusions. Do not include hemophilia factor expense.
This is a subset of Total Medical Supply Expense.

**Drug Expense**

Report the expense for the period of total drug expense. Drug expense should include all categories of diagnostic and therapeutic pharmaceuticals, including hemophilia factor expense.

This is a subset of Total Medical Supply Expense.

**Implant and Prosthetic Supply Expense**

Report the expense for the period for total implant and prosthetic supply expense. Implant and prosthetic supply expense should include all costs for replacement, substitutes, or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh, pins, pacemakers, stents, ICDs, heart valves, other artificial substitutes or replacements of a part of the body such as a tooth, facial bone, the palate, a hip, a knee or another joint, the leg, an arm.

This is a subset of Total Medical Supply Expense.

**Implant Supply Expense**

Report the expense for the period of total implant expense. Implant expense should include all costs for replacement, substitutes or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh, pins, stents and heart valves. Implants may include pacemakers, ICDs or other devices used to regulate the heart.

This is a subset of Implant and Prosthetic Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Total Supply Expense.

**Non Medical Supply Expense**

Report the expense for the period of total stocked and non stocked operating supplies. This includes, but is not limited to, replacement linens, uniforms, food, replacement dietary items (i.e. glassware, silverware, etc.), cleaning products and general office and computer supplies. Include all non capitalized operating supplies.

This is a subset of Total Supply Expense.
Organ Procurement Supply Expense

Report the expense for the period of total costs for organ acquisitions paid to outside agencies (e.g., bones, skin tissue, other body parts). **Exclude blood products and bone marrow.**

This is a subset of Total Medical Supply Expense.

Other Medical Supply Expense

Report the expense for the period of total other medical supplies used in the provision of patient care services that have not been reported in the other available categories.

This is a subset of Total Medical Supply Expense.

Prosthetic Supply Expense

Report the expense for the period of total prosthetic supply expense. Prosthetic supply expense should include all costs for artificial substitute or replacement parts of the body such as a tooth, a facial bone, the palate, leg, arm, etc. A prosthesis is designed for functional or cosmetic reasons or both. Prosthetic implants can be parts of the joint such as a unilateral knee. A prosthesis may be removable, as in the case of most prosthetic legs or a prosthetic breast form used after mastectomy.

This is a subset of Implant and Prosthetic Expense.

Total Supply Expense

Total supply expense represents the net expense including freight and distribution fees less rebates for all patient chargeable and department consumable supplies for all cost centers. Supply items have an expected life of less than one year unless they are used for the repair and maintenance of equipment. This includes, but is not limited to, drugs, IV additives, radiology film, oxygen and medical gases, blood and blood products, organ procurement, reagents and solutions, replacement linens, uniforms, food, replacement dietary items (e.g. glassware, silverware, etc.), cleaning products and general office and computer supplies. Include the supply portion of capital lease or rent expense or agreements that combine supply expense with provision of services (i.e., service agreements). Total Supply Expense excludes minor equipment, repair parts, most instruments, computer software, equipment rental, books and utility expense.

This is a subset of Total Operating Expense.

Other Direct Operating Expense

Bad Debt Expense (non patient service related)

Report the estimated write offs for uncollected accounts receivable unrelated to patient service revenue.

This is a subset of Total Other Operating Expense.
Building and Liability Insurance Expense

Report the expense for the period of total building and liability insurance. Examples may include fire, flood, earthquake, theft, umbrella, auto and tornado insurance. Do not include premiums for health or life insurance for employees or malpractice insurance.

This is a subset of Total Other Operating Expense.

Corporate Allocated Expenses^

The portion of total expense that is defined by CMS (Form 287-05: Home Office Costs Chain Operations) and are defined as allowable costs that can be allocated to providers or other non medical enterprises.

This is a subset of Total Corporate Home Office Expense.

Corporate Overhead Expense^

The portion of total expense that is defined by CMS (Form 287-05: Home Office Costs Chain Operations) and are defined as non allowable costs and that cannot be allocated to providers or other non medical enterprises.

This is a subset of Total Corporate Home Office Expense

Depreciation and Amortization Expense

Report the expense for the period of fixed asset costs used during the reporting period based on their estimated lives and salvage value, include amortization.

This is a subset of Total Other Operating Expense.

Drug Expense associated with 340B Program

Report the expense for the period of total drug expense purchased under the 340B program. The federal 340B Drug Pricing Program provides access to reduced price prescription drugs to facilities certified by the U.S. Department of Health and Human Services (HHS). Drug expense for the 340B program should include all categories of diagnostic and therapeutic pharmaceuticals, including hemophilia factor expense.

This is a subset of Drug Expense.

Equipment Repair And Maintenance Expense

Report the expense for the period of total costs to maintain major systems equipment (elevators, boilers, etc.) as well as major medical equipment (radiography, laboratory, etc.) paid to outside contractors.

This is a subset of Total Other Operating Expense.
Health Provider Tax Expense

Report the expense for the period of total health provider tax expense for the organization. Include the amount of tax, assessment or fee paid to a state government, which uses the money as the state’s necessary matching funds to bring in additional federal Medicaid money according to the individual state’s match rate. The total funds are then distributed to health care providers.

This is a subset of Total Tax Expense.

Hospital Portion Malpractice Premium Expense^^

The portion of malpractice insurance premiums paid to cover provision of hospital services.

This is a subset of Total Malpractice Premium Expense.

Interest Expense

Report total interest expense including the amount owed to bond holders and other creditors for the reporting period. For ActionOI reporting purposes, interest expense is an operating expense.

This is a subset of Total Other Operating Expense.

Lease and Rent Expense

Report the expense for the period for the lease or rent of buildings and equipment. Include costs for all space rented by the organization. Do not include off setting fees paid by third parties for the lease of facility space. If applicable, report these fees in non operating revenue. Include interest paid in operating lease agreements.

This is a subset of Total Other Operating Expense.

Minor Equipment Expense

Report the expense for the period of total minor equipment expense. Minor equipment expenses are non-consumable implements, tools or devices which are non capitalized. Examples may include office desks, computers, wheelchairs, nebulizers and other minor equipment which costs fall below the organizations threshold for capitalizing expenses.

This is a subset of Total Other Operating Expense.

Miscellaneous Other Operating Expense

Report the expense for the period of all other operating expenses that have not been reported in the other available expense categories in order to accurately represent total other operating expense. Examples may include but are not limited to travel, dues, education, medical school expenses and other operating expenses incurred by the organization.

This is a subset of Total Other Operating Expense.
**Outside Vendor Service Contract Expense**

Report the expense for the period for contract purchase services, such as services delivered under a contractual agreement (e.g. Housekeeping services, Payroll Services) provided by an outside vendor. This is the remainder of the outside vendor contract expense that you are not able to allocated to another expense category. Include expenses for outside vendor purchased services paid by the job and not by the hour. If the hours associated with this expense are available, then report this expense in Total Contract Labor Expense.

This is a subset of Contract Purchase Service Expense.

**Professional Services Expense**

Report the expense for the period of total professional services, such as legal counsel and consulting firms. Include consulting fees for services in the following areas: marketing, planning, program operational reviews, improvement projects, development and strategic research. Do not include fees paid to outside firms for contract management of hospital services. Do not include costs associated with legal settlements other than legal fees.

This is a subset of Total Other Operating Expense.

**Provider Portion Malpractice Premium Expense**

The portion of malpractice insurance premiums paid to cover services delivered by employed providers.

This is a subset of Total Malpractice Premium Expense.

**Related Entity Subsidy Expense**

Report the expense for the period of the total fees paid to a related entity (e.g. Physician/Provider, Physician Practice) to guarantee profitability rather than a reimbursement for services provided.

This is a subset of Total Other Operating Expense.

**Total Corporate Home Office Expense**

Represents the sum of Corporate Overhead Expense which is comprised of the non allowable expenses for the Corporate Home Office and Corporate Allocated Expense which is comprised of the allowable expenses for the Corporate Home Office.

**Total Malpractice Premium Expense**

Report the expense for the period of total insurance coverage for liability claims arising from the treatment of patients. Include self insurance payment amounts.

This is a subset of Total Other Operating Expense.
**Total Other Operating Expense**

Total other direct operating expense represents the sum of all operating expenses for the period not reported in Total Labor Expense and Total Supply Expense categories.

This is a subset of Total Operating Expense.

**Total Tax Expense**

Report the expense for the period total tax expense for the organization. Include unrelated business income tax UBI incurred as a result of conducting unrelated business income activities as defined by the IRS and Health Provider taxes.

This is a subset of Total Other Operating Expense.

**Utility Expense**

Report the period total expenses for the organization related to energy (e.g. electric, gas, water), telecommunications (e.g. telephone and pager service, cable and T1 service), and waste disposal (e.g. sewer, garbage collection, and medical waste disposal services). This does not include fuel for vehicles.

This is a subset of Total Other Operating Expense.

**Financial Summary**

**Net Profit (Loss)**

Represents the sum of operating profit(loss) plus total non operating revenue minus total non operating expense.

**Operating Profit (Loss)**

Represents the sum of Total Net Operating Revenue minus Total Operating Expense.

**Total Non Operating Expense**

Represents expense not directly related to patient care or generated in the day to day operations of the entity such as costs associated with floating a bond or loss on the sale of equipment, costs associated with research or grant activities, etc.

**Total Non Operating Revenue**

Represents revenue not directly related to patient care or generated in the day to day operations of the entity (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).
Total Operating Expense

Represents the sum of total labor expense, total supply expense, and total other operating expense.
Non-Acute Data

This chapter includes the following sections:

- Long Term Care Beds^^  777
- Long Term Care Contract Labor Expense^^  778
- Long Term Care Discharges^^  778
- Long Term Care Employee Labor Expense^^  778
- Long Term Care Net Operating Revenue^^  778
- Long Term Care Other Operating Expense^^  778
- Long Term Care Resident Days^^  778
- Long Term Care Total Paid Hours^^  779
- Long Term Care Total Supply Expense^^  779
- Subacute Care Beds^^  779
- Subacute Care Contract Labor Expense^^  779
- Subacute Care Discharges^^  779
- Subacute Care Employee Labor Expense^^  779
- Subacute Care Net Operating Revenue^^  779
- Subacute Care Other Operating Expense^^  780
- Subacute Care Patient Days^^  780
- Subacute Care Total Paid Hours^^  780
- Subacute Care Total Supply Expense^^  780

**Long Term Care Beds^^**

Total beds available to accommodate long term care resident occupancy.
This is a component of Non Acute Care Bed Capacity.

**Long Term Care Contract Labor Expense**

Total dollars payable to agencies, registry staff, and related party services delivered under a contractual agreement.

This is a component of Total Contract Labor Expense.

**Long Term Care Discharges**

Represents the sum of discharges including deaths for long term care patients and residents.

This is a component of Total Patient Discharges.

**Long Term Care Employee Labor Expense**

The sum of employee salary expense and benefit expense for staff working in long term care.

This is a component of Total Labor Expense.

**Long Term Care Net Operating Revenue**

Total net revenue for services provided to long term care patients and residents. This is computed by subtracting all contractual allowances, charity care, and other deductions from gross revenue for these services.

This is a component of Total Net Operating Revenue.

**Long Term Care Other Operating Expense**

Represents the sum of all operating expenses for long term care not reported in labor and supply categories.

This is a component of Total Other Operating Expense.

**Long Term Care Resident Days**

Represents the sum of inpatient days or resident days for long term care patients and residents.

This is a component of Total Patient Days.
**Long Term Care Total Paid Hours**

Represents the sum of total employee paid hours and total contract paid hours for long term care. It should reflect all accrued worked hours and paid time off (i.e., sick leave, vacation, holiday, jury duty, bereavement, etc.) for all employees and non payroll employees (agency, contracted staff, and related party staff).

This is a component of Total Paid Hours.

**Long Term Care Total Supply Expense**

Total supply expense represents the net expense cost including freight and distribution fees less rebates for all patient chargeable and department consumable supplies for long term care.

This is a component of Total Supply Expense.

**Subacute Care Beds**

Total beds available to accommodate skilled, subacute and swing patient occupancy.

This is a component of Non Acute Care Bed Capacity.

**Subacute Care Contract Labor Expense**

Total dollars payable to agencies, registry staff, and related party services delivered under a contractual agreement.

This is a component of Total Contract Labor Expense.

**Subacute Care Discharges**

Represents the sum of discharges including deaths for skilled, subacute, and swing bed patients.

This is a component of Total Patient Discharges.

**Subacute Care Employee Labor Expense**

The sum of employee salary expense and benefit expense for staff working in skilled and sub acute care.

This is a component of Total Labor Expense.

**Subacute Care Net Operating Revenue**

Total net revenue for services provided to skilled, subacute, SNF or swing bed status patients. This is computed by subtracting all contractual allowances, charity care, and other deductions from gross revenue for these services.
This is a component of Total Net Operating Revenue.

Subacute Care Other Operating Expense^^

Represents the sum of all operating expenses for skilled and subacute care not reported in labor and supply categories.

This is a component of Total Other Operating Expense.

Subacute Care Patient Days^^

Represents the sum of inpatient days for skilled, subacute, and swing bed patients.

This is a component of Total Patient Days.

Subacute Care Total Paid Hours^^

Represents the sum of total employee paid hours and total contract paid hours for skilled and subacute care. It should reflect all accrued worked hours and paid time off (i.e., sick leave, vacation, holiday, jury duty, bereavement, etc.) for all employees and non payroll employees (i.e. agency, contracted staff, and related party staff).

This is a component of Total Paid Hours.

Subacute Care Total Supply Expense^^

Total supply expense represents the net expense cost including freight and distribution fees less rebates for all patient chargeable and department consumable supplies for skilled and subacute care.

This is a component of Total Supply Expense.

00100, GFAC Mandatory Elements

The following data elements are mandatory for this department:

Statement of Financial Position Items

Assets

Accumulated Depreciation on Property Plant and Equipment
Cash and Temporary Investments
Inventories
Net Patient Accounts Receivable
Net Property Plant and Equipment
Other Current Assets
Other Non Current Assets
Property Plant and Equipment
Total Assets Whose Use is Limited (AWUIL)
Total Assets
Total Current Assets
Total Non Current Assets

Liabilities
Current Debt
Other Current Liabilities
Total Current Liabilities
Total Liabilities
Total Long Term Debt
Total Non Current Liabilities

Fund Balance and Equity
Restricted Fund Balance and Equity
Total Fund Balance and Equity
Unrestricted Fund Balance and Equity
Total Liabilities and Fund Balance

Statement of Revenue and Expense

Gross Revenues
Total Gross Inpatient Revenue
Total Gross Outpatient Revenue
Total Gross Patient Revenue
Total Net Operating Revenue

Deductions from Revenue
Total Deductions
Patient Service Revenue (net of contractual allowances and discounts)
Net Patient Service Revenue less Provision for Bad Debts

**Net Revenue**
Total Net Operating Revenue
Total Net Patient Revenue
Net Provider Revenue
Long Term Care Net Operating Revenue
Subacute Care Net Operating Revenue

**Labor Expense**
Non Provider Benefit Expense
Provider Benefit Expense
Provider Professional Fee Expense
Physician Provider Professional Fee Expense
Subacute Care Contract Labor Expense
Long Term Care Contract Labor Expense
Provider Salary Expense
Staff Salary Expense
Long Term Care Employee Labor Expense
Total Benefit Expense
Total Contract Labor Expense
Total Employee Labor Expense
Total Employee Salary Expense
Total Labor Expense
Total Supply Expense
Physician Provider Salary Expense
Physician Provider Benefit Expense
Non Provider Salary Expense

**Supply Expense**
Drug Expense
Total Medical Supply Expense
Total Supply Expense
Medical Supply Expense
Subacute Care Total Supply Expense
Long Term Care Total Supply Expense

**Other Direct Operating Expense**
- Bad Debt Expense
- Bad Debt Expense (non patient service related)
- Corporate Allocated Expense*
- Corporate Overhead Expense*
- Depreciation and Amortization Expense
- Subacute Care Employee Labor Expense
- Interest Expense
- Lease and Rent Expense
- Total Corporate Home Office Expense^*
- Interest Expense
- Total Non Operating Expense

**Financial Summary**
- Net Profit (Loss)
- Operating Profit (Loss)
- Total Non Operating Expense
- Total Other Operating Expense
- Total Other Direct Operating Expense
- Long Term Care Other Operating Expense
- Total Non Operating Revenue
- Total Operating Expense
- Total Malpractice Premium Expense
- Subacute Care Other Operating Expense

**Operating and Financial Statistics**

**Other Financial Data**
- Net Provider Revenue
- Provision for Bad Debt
- Total Net Patient Revenue less Provision for Bad Debt
Net Patient Service Revenue less Provision for Bad Debts

**Capacity**
- Acute Care Operating Beds
- Non Acute Care Operating Beds
- Total Operating Beds

**Patient Days**
- Behavioral Health Patient Days^ 
- Critical Care Patient Days^^ 
- General Acute Care Patient Days^ 
- Nursing Observation Days 
- Other Observation Days 
- Rehabilitation Patient Days^ 
- Total Acute Care Patient Days 
- Total Non Acute Care Patient Days 
- Total Outpatient Days 
- Total Patient Days

**Patient Discharges**
- Behavioral Health Patient Discharges^ 
- Critical Care Patient Discharges^^ 
- General Acute Care Patient Discharges^ 
- Rehabilitation Patient Discharges^ 
- Total Acute Care Patient Discharges 
- Total Non Acute Care Patient Discharges 
- Total Patient Discharges

**Case Mix and Area Wage Indices**
- Area Wage Index 
- Hospital Case Mix Index 
- Medicare Case Mix Index^^

**Worked Hours**
- Provider Worked Hours 
- Staff Worked Hours 
- Total Contract Worked Hours
Total Employee Worked Hours
Total Worked Hours
Non Provider Worked Hours
Physician Provider Worked Hours
Other Clinical Contract Labor Paid Hours
Overtime Worked Hours
Total Worked Hours

Paid Hours
Provider Paid Hours
Staff Paid Hours
Total Contract Paid Hours
Total Employee Paid Hours
Long Term Care Total Paid Hours
Non Provider Paid Hours
Non Provider Worked Hours
Physician Provider Paid Hours
Subacute Care Total Paid Hours
Total Paid Hours

Other Statistical Data
Employee Headcount
Physicians on Active Medical Staff

Non Acute Data
Long Term Care Beds
Long Term Care Contract Labor Expense
Long Term Care Discharges
Long Term Care Employee Labor Expense
Long Term Care Net Operating Revenue
Long Term Care Other Direct Operating Expense
Long Term Care Resident Days
Long Term Care Total Paid Hours
Long Term Care Total Supply Expense
Subacute Care Beds^^
Subacute Care Contract Labor Expense^^
Subacute Care Discharges^^
Subacute Care Employee Labor Expense^^
Subacute Care Net Operating Revenue^^
Subacute Care Other Direct Operating Expense^^
Subacute Care Patient Days^^
Subacute Care Total Paid Hours^^

Subacute Care Total Supply Expense^^

GFAC Worksheets

The worksheets are Microsoft Excel spreadsheets. The worksheets contain all necessary computational formulas. The following worksheets can be found on the Support tab of ActionOI.

- ActionOI Operating Net Profit (Loss) Reconciliation Worksheet
- Intensity Score workbook_Supply and Pharmacy
- Weighted Case Mix Index Computation Worksheets
- Weighted Regional Wage/Price Adjustment Factor Worksheet
Chapter 19. Home Care Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 02310, Home Health 787
- 02320, Home Assistance (Private Duty) 795
- 02330, Home Hospice 800
- 02340, Home Infusion Pharmacy 807
- 02350, Home Medical Equipment 814
- F2300, Home Care Functional Rollup 822
- G2300, Other Home Care Services 829

02310, Home Health

This department provides skilled nursing, therapy, and support services to clients in the home setting. Healthcare services are administered or provided directly to ill, disabled, or infirmed persons in places of permanent or temporary (halfway house) residence. Home Health must provide nursing care to at least one home patient that may include infusion therapy, physical therapy, occupational therapy, respiratory therapy, speech therapy, personal care, nutritional guidance, or social service. Report Medicare Certified Agencies here.

Home Health Mapping Guidelines

If less than 80% of your patient population requires skilled nursing care, this may not be an appropriate department. Another option might be the 02320, Home Assistance (Private Duty) department.

Home Health Workload Volumes

Average Length of Service

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.
Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Episodes (All Payers)

Total episodes for all patients, regardless of payer, cared for by the agency. Include both Medicare and non-Medicare episodes. An episode of home health care spans a 60 day period, starting with the first day a billable visit is provided to a Medicare patient. If a patient is still in treatment on the 60th day, a new episode begins on the 61st day even if the agency does not provide a visit on that day. Medicare pays fixed, predetermined rates for 60 day episodes of care. There is no limit on the number of medically necessary consecutive episodes of care that a beneficiary may receive and that Medicare will cover. Only count those episodes which are closed (have ended) in the period. Do not provide estimates for this element. If the agency does not keep records for episodes related to non-Medicare patients, leave the field blank.

Home Care Patient Visits

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.

Home Health Case Mix Index

The Medicare Adjusted Case Mix Index for agency patients with completed episodes of care in this reporting period. The Home Health Case Mix Index reflects the Home Health Resource Groups (HHRGs) that measure intensity and are assigned to each of the agency's patients covered by Medicare. For hospital owned agencies, note that the Home Health Case Mix Index will differ from the Medicare Case Mix Index measure for the agency's parent hospital. Multiply the home health case mix index by 100. For example, report a home health case mix index of 1.1968 as 119.68.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Low Utilization Payment Adjustment (LUPA) Episodes

Low utilization payment adjustment (LUPA) episodes are defined by Medicare as episodes with four or fewer visits in the 60 day episode. For each LUPA episode, an agency will receive a national standardized per visit rate instead of a usual episode based payment. These per visit rates, which are wage adjusted but not case mix weighted, vary by discipline (such as Home Health Aide, Medical Social Services). Include only LUPA episodes related to Medicare patients for reporting purposes. Only count those episodes which are closed (have ended) in the period.

This is a subset of Medicare Episodes.

Medicare Episodes

The total episodes for all Medicare patients cared for by the agency. An episode of home health care spans a 60 day period, starting with the first day a billable visit is provided to a Medicare patient. If a patient is still in treatment on the 60th day, a new episode begins on the 61st day even if the agency does not provide a visit on that day. Medicare pays fixed, predetermined rates for 60 day episodes of care. There is no limit on the number of medically necessary consecutive episodes of care that a beneficiary may receive and that Medicare will cover. Only count those episodes which are closed (have ended) in the period.

Miles Logged

The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

New Patients Enrolled

New patients enrolled includes the total number of patients enrolled to the home health service for each episode of care, which means they continuously use the service with the exception of a break in service by hospitalization. For patients who experience multiple episodes of home health service, count each episode as one enrollment. Do not count as separate enrollments patients whose home health service is interrupted by hospitalization and who immediately resume home health service within 24 hours after the conclusion of the hospital stay. Count the total number of distinct patient episodes of care. An episode is the period of care from admission to discharge. An individual patient who is enrolled on two separate occasions counts as two new patient enrollments, provided that the second enrollment does not immediately follow the first with only a period of hospitalization between them.

Private Duty Visits

The total number of private duty and personal care visits to patients during the reporting period.

This is a subset of Home Care Patient Visits.

Total Number of Patients Served

Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.
Home Health Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Home Health Aide
Total hours worked by home health aides routinely providing home visits.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Home Health Revenue Elements**

**Gross Revenue**

Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.
Medicare Net Revenue

Revenue dollars receivable from Medicare for this reporting period.

This is a subset of Net Revenue.

Net Revenue

Revenue dollars receivable after allowances and discounts are deducted from gross revenue.

Self Pay Net Revenue

Revenue dollars receivable from Self Pay patients for this reporting period.

This is a subset of Net Revenue.

Home Health Expense Elements

Contract Expense

Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).

This is a subset of Other Direct Operating Expense.

Indirect Expense

Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Home Health Mandatory Elements**

The following data elements are mandatory for this department:

- Home Care Patient Visits
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Medicare Episodes
- Net Revenue
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Home Health Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Hospital Discharge Planning Nurse
- Provision of home medical equipment, e.g., Durable Medical Equipment (DME)
02320, Home Assistance (Private Duty)

This department provides cleaning, cooking, shopping, personal attendant care (bathing, shaving), and other non-therapeutic, unskilled support services to clients in the home setting, related to assistance with activities of daily living.

Home Assistance (Private Duty) Mapping Guidelines

If your cost center's patient population is not 80% private duty, this may not be an appropriate department. Another option might be the 02310, Home Health department.

Home Assistance (Private Duty) Workload Volumes

Average Length of Service

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Home Care Patient Visits

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.

**Hours Billed**

The total hours billed by staff members for Home Care Patient Visits. Count the number of hours spent providing homemaker services. This is the actual time spent performing services such as housekeeping, cooking, transporting clients, and shopping. Exclude any commuting time to reach the client’s residence, as well as other administrative time.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Miles Logged**

The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

**Private Duty Discharges**

Total number of discharges from private duty care for the reporting period.

**Private Duty Visits**

The total number of private duty and personal care visits to patients during the reporting period.

This is a subset of Home Care Patient Visits.

**Total Number of Patients Served**

Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.

**Home Assistance (Private Duty) Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Home Health Aide**

Total hours worked by home health aides routinely providing home visits.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Home Assistance (Private Duty) Revenue Elements

Gross Revenue
Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Medicare Net Revenue
Revenue dollars receivable from Medicare for this reporting period.
This is a subset of Net Revenue.

Net Revenue
Revenue dollars receivable after allowances and discounts are deducted from gross revenue.

Self Pay Net Revenue
Revenue dollars receivable from Self Pay patients for this reporting period.
This is a subset of Net Revenue.

Home Assistance (Private Duty) Expense Elements

Contract Expense
Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).
This is a subset of Other Direct Operating Expense.

Indirect Expense
Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a component of Labor Expense.

**Home Assistance (Private Duty) Mandatory Elements**

The following data elements are mandatory for this department:

- Home Care Patient Visits
- Hours Billed
- Labor Expense
- Medical Supply Expense
- Net Revenue
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Home Assistance (Private Duty) Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Hospital Discharge Planning Nurse
- Provision of home medical equipment, e.g., Durable Medical Equipment (DME)

**02330, Home Hospice**

This department provides nursing, therapeutic, and support services to terminally ill clients in the home setting. Hospice team members may visit routinely to give care, answer questions, and/or teach new and important skills. This may include patients who go into an inpatient care setting for a short period of time, as hospice caregivers often still provide some form of care during that time.

**Home Hospice Mapping Guidelines**

If your cost center's patient population is not 80% terminally ill patients, this may not be an appropriate department. Another option might be the 02310, Home Health department.

**Home Hospice Workload Volumes**

**Average Length of Service**

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
**Home Care Patient Days**

The cumulative number of days that all clients were receiving home care during the report period. For home hospice clients, the number of days refers to the total length of time patients are on service, despite whether or not they received visits each day.

**Home Care Patient Visits**

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Miles Logged**

The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

**Patients Enrolled**

The total number of patients enrolled in the hospice program during the period. For patients who experience multiple episodes of home hospice service, count each episode as one patient enrolled. Do not count as separate enrollments patients whose home hospice service is interrupted by hospitalization and who resume home hospice within 24 hours of the conclusion of the hospital stay. Count the number of long term and short term clients supported by the department. Short term patients leave the program within one month of enrollment. This includes newly enrolled patients and patients previously enrolled in prior reporting periods and supported in the current reporting period.

**Short Term Patients Enrolled**

Total patients who were enrolled in the hospice program, but who left the program (deceased, etc.) within one month of enrollment. Count only patients during the reporting period.
This is a subset of Patients Enrolled.

**Total Number of Patients Served**

Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.

**Home Hospice Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

This is a subset of **Worked Hours: Staff**.

**Worked Hours: Home Health Aide**

Total hours worked by home health aides routinely providing home visits.

This is a subset of **Worked Hours: Staff**.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of **Worked Hours: Staff**.
**Worked Hours: Other Patient Care Provider**
Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**
Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**
Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Home Hospice Revenue Elements**
Gross Revenue
Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Medicare Net Revenue
Revenue dollars receivable from Medicare for this reporting period.
This is a subset of Net Revenue.

Net Revenue
Revenue dollars receivable after allowances and discounts are deducted from gross revenue.

Self Pay Net Revenue
Revenue dollars receivable from Self Pay patients for this reporting period.
This is a subset of Net Revenue.

Home Hospice Expense Elements

Contract Expense
Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).
This is a subset of Other Direct Operating Expense.

Indirect Expense
Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Home Hospice Mandatory Elements**

The following data elements are mandatory for this department:

- Home Care Patient Days
- Home Care Patient Visits
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Net Revenue
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Home Hospice Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Hospital Discharge Planning Nurse
- Provision of home medical equipment, e.g., Durable Medical Equipment (DME)
**02340, Home Infusion Pharmacy**

The Home Infusion Pharmacy has expertise in U.S.P. 797 compliant sterile drug compounding that provides care to patients with acute or chronic conditions generally pertaining to parenteral administration of drugs, biologicals and nutritional formulae administered through catheter and/or needles in home and alternate sites. Extensive professional pharmacy services, care coordination, infusion nursing services, supplies and equipment are provided to optimize efficacy and compliance.

**Home Infusion Pharmacy Mapping Guidelines**

If your cost center's patient population is not 80% infusion patients, this may not be an appropriate department. Another option might be the 02310, Home Health department.

**Home Infusion Pharmacy Workload Volumes**

**Average Length of Service**

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

**Home Care Patient Visits**

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.
**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Miles Logged**

The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

**New Patients Enrolled**

New patients enrolled includes the total number of patients enrolled to the home health service for each episode of care, which means they continuously use the service with the exception of a break in service by hospitalization. For patients who experience multiple episodes of home health service, count each episode as one enrollment. Do not count as separate enrollments patients whose home health service is interrupted by hospitalization and who immediately resume home health service within 24 hours after the conclusion of the hospital stay. Count the total number of distinct patient episodes of care. An episode is the period of care from admission to discharge. An individual patient who is enrolled on two separate occasions counts as two new patient enrollments, provided that the second enrollment does not immediately follow the first with only a period of hospitalization between them.

**New Therapy Starts**

Total number of new therapy starts for all patients during the reporting period. For example, if a patient initiates TPN and anti-infective therapy this would equal two new therapy starts.

**Total Deliveries**

Total number of stops made by delivery staff at patients homes, other service sites, etc. in order to delivery goods and/or provide patient services (excludes nursing visits).

**Total Infusion Dose Days**

Total days on which patients receive pharmaceutical doses prepared by the department. Count only days on which patients receive doses. For example, a patient receiving three days of chemotherapy over one week would account for three days rather than seven.

**Total Infusion Therapy Days**

The total number of patient days for infusion therapy patients for the reporting period. Include all days whether or not doses were administered.
Total Number of Patients Served

Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.

Home Infusion Pharmacy Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Home Infusion Pharmacy Revenue Elements

Gross Revenue
Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Medicare Net Revenue
Revenue dollars receivable from Medicare for this reporting period.
This is a subset of Net Revenue.

Net Revenue
Revenue dollars receivable after allowances and discounts are deducted from gross revenue.

Self Pay Net Revenue
Revenue dollars receivable from Self Pay patients for this reporting period.
This is a subset of Net Revenue.

Home Infusion Pharmacy Expense Elements

Contract Expense
Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).
This is a subset of Other Direct Operating Expense.

Drug Expense
Total pharmaceutical expense for the department.
This is a subset of Medical Supply Expense.
Indirect Expense

Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a component of Labor Expense.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Home Infusion Pharmacy Mandatory Elements

The following data elements are mandatory for this department:

- Home Care Patient Visits
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Net Revenue
- New Patients Enrolled
- New Therapy Starts
- Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Infusion Dose Days
• Worked Hours: Physician Provider
• Worked Hours: RN
• Worked Hours: Staff

**Home Infusion Pharmacy Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Hospital Discharge Planning Nurse
• Provision of home medical equipment, e.g., Durable Medical Equipment (DME)

**02350, Home Medical Equipment**

This department provides home respiratory and or durable medical equipment, through sale, rental, or both, to clients in the home setting.

**Home Medical Equipment Mapping Guidelines**

If your cost center's patient population is not 80% patients utilizing home medical equipment this may not be an appropriate department. Another option might be the 02310, Home Health department or the G2300, Other Home Care Services department.

**Home Medical Equipment Workload Volumes**
Average Length of Service

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Equipment Breakdown

Total number of occasions in which sale and or rental equipment (excluding medical supplies) broke down within 48 hours of initial delivery.

Home Care Patient Visits

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Incorrect Deliveries

Total number of visits in which incorrect equipment (excluding medical supplies) for a sale or rental was delivered to a client.
Miles Logged

The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

New Equipment Contracts: Sale or Rental

The total number of sale or rental equipment starts (when clients initially received a piece of equipment) during the report period. Include IV pump and IV set new starts. Count each new start separately for patients receiving more than one piece of equipment. Count all new home medical equipment contracts during the report period. Exclude medical supplies sales and contracts carried over from a previous report period. Count each new contract for a given client separately. For example, if Mr. Jones begins renting a hospital bed in October of the report period and a wheelchair in November, Mr. Jones would count for two new equipment contracts.

Rental Days

The total number of days that all pieces of equipment were rented during the report period. For rental contracts begun in a prior year, count only rental days accrued during this report period. For example, if a hospital bed was rented for 90 days in the prior report period and for 180 days in this report period, count only 180 days. For patients with multiple pieces of equipment, count days for each piece of equipment separately. For example, in the case of a patient renting a ventilator for 180 days and a hospital bed for 180 days, the total rental days would be 360, not 180.

Respiratory Initial Visits

The total number of visits during which new pieces of equipment are introduced to respiratory patients. For example, a clinical respiratory patient receiving three pieces of respiratory equipment on three different occasions would generate a count of three initial visits (due to the fact that setup and equipment training in initial visits take a great deal of time).

This is a subset of Respiratory Visits.

Respiratory Visits

Total number of visits (including deliveries) performed in support of respiratory equipment, such as oxygen therapy equipment (e.g., oxygen concentrators and liquid oxygen), apnea monitors, nebulizers, and suction machines.

This is a subset of Home Care Patient Visits.

Total Number of Deliveries

Total number of deliveries for the reporting period.
**Total Number of Patients Served**

Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.

**Total Number of Respiratory Patients**

Total Number of Clinical Respiratory patients on service during the reporting period.

**Total Pieces of Equipment Maintenance Completed**

Total pieces of equipment preventative maintenance was completed for the reporting period.

**Total Pieces of Equipment on Rent or Loan**

Total number of individual pieces of equipment on rent or loan for the reporting period.

**Ventilator Initial Visits**

Total number of visits in which ventilators are introduced to respiratory patients.

This is a subset of Respiratory Visits.

**Home Medical Equipment Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Equipment Technician or Driver**

Total hours worked by equipment technicians/drivers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Home Medical Equipment Revenue Elements

Gross Revenue

Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Medicare Net Revenue

Revenue dollars receivable from Medicare for this reporting period.

This is a subset of Net Revenue.

Net Revenue

Revenue dollars receivable after allowances and discounts are deducted from gross revenue.

Revenue on Goods Sold

Total revenue dollars receivable from sales of equipment and supplies (exclude revenue from equipment rentals).

This is a subset of Net Revenue.

Self Pay Net Revenue

Revenue dollars receivable from Self Pay patients for this reporting period.

This is a subset of Net Revenue.
Home Medical Equipment Expense Elements

Contract Expense
Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).

This is a subset of Other Direct Operating Expense.

Indirect Expense
Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Home Medical Equipment Mandatory Elements**

The following data elements are mandatory for this department:

- Home Care Patient Visits
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Net Revenue
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Home Medical Equipment Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Provision of home medical equipment, e.g., Durable Medical Equipment (DME)

F2300, Home Care Functional Rollup

This rollup department includes all home health, home assistance, home hospice, home infusion, and home medical equipment functions providing nursing, therapeutic, and support services to clients in the home setting. It also includes administrative and support functions.

Home Care Functional Rollup Workload Volumes

Average Length of Service

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.

Home Assistance Visits

The total separate home assistance visits.

This is a subset of Home Care Patient Visits.
Home Care Patient Visits

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.

Home Health Visits

The total separate home health visits.

Home Hospice Visits

Total separate home hospice visits.

This is a subset of Home Care Patient Visits.

Home Infusion Visits

Total separate home infusion visits performed by a home infusion agency. Infusion visits performed by a home health agency should be included in Home Health Visits.

This is a subset of Home Care Patient Visits.

Home Medical Equipment Visits

Total separate home medical equipment visits.

Miles Logged

The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

Total Number of Patients Served

Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.
Home Care Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Equipment Technician or Driver

Total hours worked by equipment technicians/drivers.

This is a subset of Worked Hours: Staff.

Worked Hours: Home Health Aide

Total hours worked by home health aides routinely providing home visits.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacist

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Technician

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.
Worked Hours: RN
Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Home Care Functional Rollup Revenue Elements

Gross Revenue
Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Home Assistance Net Revenue
Total home assistance revenues receivable after allowances and discounts.

This is a subset of Net Revenue.

Home Health Net Revenue
Total home health revenues receivable after allowances and discounts.

This is a subset of Net Revenue.

Home Hospice Net Revenue
Total home hospice revenues receivable after allowances and discounts.

This is a subset of Net Revenue.

Home Infusion Net Revenue
Total home infusion revenues receivable after allowances and discounts.

This is a subset of Net Revenue.

Home Medical Equipment Net Revenue
Total home medical equipment revenues receivable after allowances and discounts.
This is a subset of Net Revenue.

**Medicare Net Revenue**
Revenue dollars receivable from Medicare for this reporting period.

This is a subset of Net Revenue.

**Net Revenue**
Revenue dollars receivable after allowances and discounts are deducted from gross revenue.

**Self Pay Net Revenue**
Revenue dollars receivable from Self Pay patients for this reporting period.

This is a subset of Net Revenue.

**Home Care Functional Rollup Expense Elements**

**Contract Expense**
Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).

This is a subset of Other Direct Operating Expense.

**Indirect Expense**
Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.

**Labor Expense**
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Home Care Functional Rollup Department Mandatory Elements

The following data elements are mandatory for this department:

- Home Care Patient Visits
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Net Revenue
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

G2300, Other Home Care Services

This generic department includes all cost centers belonging to Home Care that cannot be mapped to individual home care departments.

Other Home Care Services Revenue Elements
Gross Revenue
Gross revenue dollars for all patient services performed. Do not include fund raising or grant revenue.

Home Assistance Net Revenue
Total home assistance revenues receivable after allowances and discounts.
This is a subset of Net Revenue.

Home Health Net Revenue
Total home health revenues receivable after allowances and discounts.
This is a subset of Net Revenue.

Home Hospice Net Revenue
Total home hospice revenues receivable after allowances and discounts.
This is a subset of Net Revenue.

Home Infusion Net Revenue
Total home infusion revenues receivable after allowances and discounts.
This is a subset of Net Revenue.

Home Medical Equipment Net Revenue
Total home medical equipment revenues receivable after allowances and discounts.
This is a subset of Net Revenue.

Medicare Net Revenue
Revenue dollars receivable from Medicare for this reporting period.
This is a subset of Net Revenue.

Net Revenue
Revenue dollars receivable after allowances and discounts are deducted from gross revenue.
Self Pay Net Revenue

Revenue dollars receivable from Self Pay patients for this reporting period.

This is a subset of Net Revenue.

Other Home Care Services Workload Volumes

Average Length of Service

Average Length of Service is counted from the date a patient is enrolled in the service until the date the patient is discharged from the service. Count only the patients that have been discharged from service during the reporting period.

Home Assistance Visits

The total separate home assistance visits.

This is a subset of Home Care Patient Visits.

Home Care Patient Visits

The total face to face patient encounters in the home setting by nurses or other care giving staff under employment or direct contract with this department. The visit may be for evaluation, consultation, education, or treatment. Exclude patient visits performed by an associated home health agency or only for the purpose of pharmaceutical delivery, visits made in the inpatient setting to assess patient qualifications or arrange for home care, and supervisory visits and visits performed by Volunteers. Count the number of billable home setting contacts and non-billable visits requiring a patient assessment, including visits for the purpose of Medicare Outcome and Assessment Information Set (OASIS), by department staff. Every patient visit counts once toward the total number of visits regardless of the number of department staff making the visit. For example, if a supervisor accompanies a caregiver to a visit and two staff members are involved, the visit would count only once. Unbilled assessments of patients not subsequently enrolled should not be included in the count.

Home Health Visits

The total separate home health visits.

This is a subset of Home Care Patient Visits.

Home Hospice Visits

Total separate home hospice visits.

This is a subset of Home Care Patient Visits.

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Home Infusion Visits
Total separate home infusion visits performed by a home infusion agency. Infusion visits performed by a home health agency should be included in Home Health Visits.

This is a subset of Home Care Patient Visits.

Home Medical Equipment Visits
Total separate home medical equipment visits.

Miles Logged
The total miles logged by department staff in support of client visits. This number may be obtained from vehicle trip or maintenance logs. If maintenance logs are used, be sure to prorate for beginning and end of year mileage readings.

Total Number of Patients Served
Total unduplicated number of patients served by the department for the time period reported. If the patient is receiving multiple therapies/services within the department, count the patient once.

Other Home Care Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Equipment Technician or Driver**

Total hours worked by equipment technicians/drivers.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Home Health Aide**

Total hours worked by home health aides routinely providing home visits.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e., Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g., nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

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**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

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**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.
This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**
Total hours worked by pharmacy technicians.
This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**
Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**
Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other Home Care Services Expense Elements**

**Contract Expense**
Total expense for clinical services contracts for which hours paid are not tracked (for example, contracts reimbursed on a per visit basis).
This is a subset of Other Direct Operating Expense.

**Indirect Expense**
Total indirect expense such as depreciation, plant and property maintenance, facility rent, vehicle leases, vehicle depreciation, fringe benefits and insurance. This category includes all expenses not previously reported in Labor Expense and Other Direct Operating Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Other Home Care Services Mandatory Elements**

The following data elements are mandatory for this department:

- Home Care Patient Visits
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Net Revenue
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Other Home Care Services Normalizations**

Exclude the hours, costs and volumes associated with the following functions:

- Hospital Discharge Planning Nurse
Chapter 20. Human Resources

This chapter includes the following sections:

- 06010, Personnel Services 837
- 06011, Employment and Recruitment Services 844
- 06012, Compensation Services 849
- 06013, Employee Benefits Administration 852
- 06015, Human Resources Information Services 857
- 06016, Employee and Labor Relations Services 861
- 06020, Employee Health Services 866
- F6000, Human Resource Services Functional Rollup 871
- G6000, Other Human Resource Services 878

06010, Personnel Services

This is a combined department that performs recruitment, retention support, compensation management, benefits management, and labor relations functions. It may also include employee health if employee health is not a separately mapped cost center.

Personnel Services Mapping Guidelines

If the organization has separate cost centers for recruitment, employee health or compensation functions, map to the appropriate individual departments (such as the 06011, Employment and Recruitment Services department; 06020, Employee Health Services department; and 06012, Compensation Services department.)
Personnel Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Applications Received

The total applications for employment (electronic, hard copy or via internet) received. Count the total number of solicited and unsolicited applications received and processed. Count all applications or resumes collected that are reviewed by staff and kept on file for a period of time determined by the facility for possible future contact.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Employee Grievances

The total formal employee grievances filed in accordance with union contract or facility protocol. Count formal grievances filed with and managed by Human Resources. Formal grievances require involvement of the department manager and may involve intervention by a grievance committee or bargaining unit agent.

Employee Health Service Visits

The total visits by prospective and current facility employees supported by the Personnel Services department. Count employees seeking either treatment or consultation through this department. This involves face to face contact with a health care clinical professional. Employees receiving immunizations and visits from volunteers would also be included. If this department does not support employee health visits, report a value of 0.

Employee Leaves Initiated

The total number of employee leaves initiated during the reporting period. Include Workers’ Compensation, Family Medical Leave Act (FMLA), Short-Term Disability, Long-Term Disability, Military Leaves, and other leaves governed state regulations that are more than 5 workdays.
Employee Separations

The total facility employee separations, both voluntary and involuntary, processed by department staff. Count all employees (permanent or temporary, full-time or part-time) permanently separated from employment for any reason (voluntary or involuntary death, layoff, or performance). This does not include employees temporarily suspended or on leave of absence.

Full Time And Part Time Hires

The total new employees hired during the reporting period for both full and part time positions. Do not include temporary hires. Count employees hired by the facility during the reporting period and who receive orientation or education from this department.

This is a subset of New Hires.

House Staff Hires

The total physician house staff personnel hired by the facility. Count interns and residents hired by the facility and who receive orientation or education from this department during the reporting period. Include any hospital based physicians that may have been hired or processed through the system during the reporting period. Include new staff hired on a temporary basis.

This is a subset of New Hires.

Labor Bargaining Units

The total labor bargaining units (unions) represented within the facility that are supported by this department.

New Hires

The total new employees hired by the facility. Count employees hired by the facility during the reporting period and who receive orientation or education from this department. Also include employees who transition from temporary to permanent hires during the reporting period.

Temporary Hires

The total positions filled for temporary work, including staff paid on a per diem basis. Count all employees except house staff physicians hired on a temporary basis during the reporting period, using the facility's definition of temporary.

This is a subset of New Hires.

Unionized Employees Supported

The average number of individuals supported by the department who are represented by a collective bargaining unit. This information can be obtained from the counts of employees paying dues. An average for the reporting period is acceptable.
Personnel Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Compensation Staff
Hours worked by technical and professional staff performing job description preparation, analysis, and evaluation, conducts salary surveys, and performs other activities of compensation management.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee and Labor Relations Staff
Hours worked by technical and professional staff performing employee and labor relations services, including labor union negotiations, employee counseling training, employee grievance administration, and employee attitude monitoring.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee Benefits Staff
Hours worked by technical and professional staff performing employee benefits management, including employee enrollment, plan administration, and record keeping.

This is a subset of Worked Hours: Staff.

Worked Hours: Employment and Recruitment Staff
Hours worked by technical and professional staff performing employment and recruitment responsibilities, including the solicitation, screening, and interviewing of candidates and the extension of employment offers to successful candidates.

This is a subset of Worked Hours: Staff.
Worked Hours: Human Resources Generalist

Hours worked by technical and professional staff performing employee enrollment, plan administration, record keeping, solicitation for job opening, screening and interviewing of candidates, extension of employment offers, evaluations, salary surveys and other human resource functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Human Resources Information Services Staff

Hours worked by technical and professional staff responsible for Human Resources Information System for the purpose of gathering and maintaining all information regarding the hiring, training, compensation, disciplining, rewarding, termination, and demographics of facility employees.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN or Nurse Practitioner**

Hours worked by registered nurses or nurse practitioners.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Personnel Services Expense Elements**

**Corporate Allocation Expense**

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Personnel Services Mandatory Elements

The following data elements are mandatory for this department:

- Average Paid Employees Supported
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Personnel Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Compensation and Benefits, e.g., job description preparation, analysis, and evaluation, conducting salary surveys, performing employee benefits management, employee enrollment, plan administration, and record keeping
- Employee Assistance (management and administration of the program)
- Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)
- Human Resources/Personnel
- Nursing Recruitment and Retention
- Outplacement Counseling
- Performance Management, e.g., evaluating current employee performance within a specific job, mid-year, or annual reviews
- Position Control
- Recruitment Costs, e.g., costs associated with the relocation of new employees (excluding physicians)

- Staff who perform new employee/ new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits

- Union Negotiations

- Workers Compensation Administration

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

- Interpreters

- Lean Six Sigma program administration and support to be included in the 06235, Organization Development

- Organizational Development, e.g., coaching, culture development

- Payroll processing and distribution

- Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, “career advancement”, “attract and retain”)

- Time and attendance system management

**06011, Employment and Recruitment Services**

This department performs employment and recruitment services, including the solicitation, screening, and interviewing of candidates and the extension of employment offers to successful candidates.

**Employment and Recruitment Services Mapping Guidelines**

If your cost center also performs compensation services, employee benefits administration or labor relations functions, this may not be an appropriate department. Another option might include the 06010, Personnel Services department.
Employment and Recruitment Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Applications Received

The total applications for employment (electronic, hard copy or via internet) received. Count the total number of solicited and unsolicited applications received and processed. Count all applications or resumes collected that are reviewed by staff and kept on file for a period of time determined by the facility for possible future contact.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Average Placement Time

The average number of days required to fill requested and approved positions. This is the average number of days from the day a position is approved to the day an offer is accepted. Count the number of days including the day that Human Resources is first contacted regarding the need for filling a position and the day a candidate accepts the position. This value may be determined using random samples and must be expressed as an integer (no decimals).

Average Vacant Positions

Average of employment positions vacant at the end of each month over the reporting period.

Full Time And Part Time Hires

The total new employees hired during the reporting period for both full and part time positions. Do not include temporary hires. Count employees hired by the facility during the reporting period and who receive orientation or education from this department.

This is a subset of New Hires.
Internal Applications Processed

The total applications for new employment positions received from individuals already employed by the facility. Count all current employees’ applications for different positions within the facility that were received during the reporting period.

This is a subset of Applications Received.

Job Postings Prepared

The total new or modified job postings prepared and released by the department. This includes all postings for available positions that were developed during the reporting period.

New Hires

The total new employees hired by the facility. Count employees hired by the facility during the reporting period and who receive orientation or education from this department. Also include employees who transition from temporary to permanent hires during the reporting period.

Temporary Hires

The total positions filled for temporary work, including staff paid on a per diem basis. Count all employees except house staff physicians hired on a temporary basis during the reporting period, using the facility's definition of temporary.

This is a subset of New Hires.

Employment and Recruitment Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: HR Technical Staff

Hours worked by technical staff with specific skills in human resource management or technical support (e.g., recruiter, benefits specialist, information systems staff).

This is a subset of Worked Hours: Staff.
Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff
Total hours worked by professional staff with a college degree in personnel management or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Employment and Recruitment Services Expense Elements

Corporate Allocation Expense
Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Employment and Recruitment Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- New Hires
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Employment and Recruitment Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Recruitment Costs, e.g., costs associated with the relocation of new employees (excluding physicians)
06012, Compensation Services

This department performs job description preparation, analysis, and evaluation, conducts salary surveys, and performs other activities of compensation management.

Compensation Services Mapping Guidelines

If your cost center also performs employee recruitment, employee benefits administration or labor relations functions, this may not be an appropriate department. Another option might include the 06010, Personnel Services department.

Compensation Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Classification Request Turnaround Time

The total average lapse time, in days, from submission of job classification request until final evaluation is presented. This may be determined using random samples. Count the time from the point that Human Resources is first contacted regarding the need for reclassifying the status or pay scale of a position to the time the new standard is actually effective.

Job Classes Maintained

The total discrete job classes maintained in the facility personnel roster. Count the actual number of different position titles maintained by the facility, whether or not all are in active use.

Job Descriptions Created

The total job descriptions created. This represents job descriptions developed by the department during the reporting period.
This is a subset of Job Descriptions Handled.

**Job Descriptions Handled**

The total job descriptions created, analyzed, or evaluated. This represents all job descriptions, whether or not drafted by this department, that the department handled during the reporting period.

**Merit Increases Processed**

The total merit increases processed for payroll during the reporting period. Count increases processed based on merit, do not include increases based on cost of living adjustments.

**Pay Structures Maintained**

The total discrete pay structures maintained in the facility compensation program, including shift differentials, on-call, and call-back rates. Count the total different payroll schemes used to support the variety of staff. For example, each union may have different guidelines regarding what qualifies as a shift and what the associated premiums are. Each different scheme used for these unique agreements counts as one pay structure.

**Salary Surveys Conducted**

The total formal salary surveys conducted. Count total formal salary surveys completed during the reporting period.

**Compensation Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: HR Technical Staff**

Hours worked by technical staff with specific skills in human resource management or technical support (e.g., recruiter, benefits specialist, information systems staff).

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Professional Staff

Total hours worked by professional staff with a college degree in personnel management or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Compensation Services Expense Elements

Corporate Allocation Expense

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Compensation Services Mandatory Elements**

The following data elements are mandatory for this department:

- Average Paid Employees Supported
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**06013, Employee Benefits Administration**

This department performs employee benefits management, including employee enrollment, plan administration, and record keeping.
Employee Benefits Administration Mapping Guidelines

If your cost center also performs compensation services, employee recruitment or labor relations functions, this may not be an appropriate department. Another option might include the 06010, Personnel Services department.

Employee Benefits Administration Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Benefits Eligible Employees

The total facility employees eligible to participate in one or more benefit programs offered. Count full range of benefits, such as PTO, health insurance, and life insurance. Benefits prorated based on hours worked count as a benefit eligible employee.

Paid Holidays

Total paid holidays designated/recognized by the facility.

Employee Benefits Administration Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: HR Technical Staff**

Hours worked by technical staff with specific skills in human resource management or technical support (e.g., recruiter, benefits specialist, information systems staff).

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Professional Staff**

Total hours worked by professional staff with a college degree in personnel management or credentials in education, organizational development, or related subjects.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Employee Benefits Administration Expense Elements**

**Corporate Allocation Expense**

Total allocated expense for employee health services provided by a related party.
This is a subset of Other Direct Operating Expense.

**Employee Health Insurance Expense**

Total expense for employee health care insurance (including dental) paid by both the employee and the facility.

**Fac Life, Accident, Death Insurance Benefit Contribution**

Total expense for employee life, accident, and/or death insurance benefit paid by the facility.

This is a subset of Facility Benefits Contribution.

**Facility Benefits Contribution**

Total expense for employee benefits paid by the facility.

**Facility Disability (STD And LTD) Benefit Contribution**

Total expense for employee short term and/or long term disability benefit paid by the facility.

This is a subset of Facility Benefits Contribution.

**Facility Health And Dental Care Benefit Contribution**

Total expense for employee health/dental care benefit paid by the facility.

This is a subset of Facility Benefits Contribution.

**Facility Matching Plans (401K) Benefit Contribution**

Total expense for 401K matching funds benefit paid by the facility.

This is a subset of Facility Benefits Contribution.

**Facility Retirement Benefit Contribution**

Total expense for employee retirement benefit paid by the facility.

This is a subset of Facility Benefits Contribution.

**Facility Tuition Reimbursement Benefit Contribution**

Total expense for employee tuition reimbursement benefit paid by the facility.
This is a subset of Facility Benefits Contribution.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Employee Benefits Administration Mandatory Elements**

The following elements are mandatory for this department.

- Average Paid Employees Supported
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Employee Benefits Administration Normalizations**
Include the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Compensation and Benefits, e.g., job description preparation, analysis, and evaluation, conducting salary surveys, performing employee benefits management, employee enrollment, plan administration, and record keeping

### 06015, Human Resources Information Services

This department is responsible for gathering and maintaining all information regarding the hiring, training, compensation, disciplining, rewarding, termination, and demographics of facility employees.

### Human Resources Information Services Workload Volumes

#### Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

#### Average Paid Employees Supported

The average employee headcount during the reporting period. **Note:** The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

#### Compensation Changes

The total facility employee compensation changes owing to merit, promotion, demotion, transfer, or COLA processed by department staff. This is the total of any pay rate changes processed for employees. Other actions, such as demographic changes, may have taken place simultaneously, but should not be counted.

This is a subset of Personnel Transactions Processed.

#### Employee Demographic Changes

The total changes in employee demographics processed by department staff. This is the total of any demographic changes processed for employees. Other actions, such as pay rate change, may have taken place simultaneously, but should not be used to inflate the count. Multiple changes to an employee’s demographics processed at the same time with the same effective date count as one change.
Employee Separations

The total facility employee separations, both voluntary and involuntary, processed by department staff. Count all employees (permanent or temporary, full-time or part-time) permanently separated from employment for any reason (voluntary or involuntary death, layoff, or performance). This does not include employees temporarily suspended or on leave of absence.

This is a subset of Personnel Transactions Processed.

Major HR Software Programs

The total major software applications maintained. Major software programs include HRIS products for recruiting, workforce management and applicant tracking.

New Hires Processed

Total facility new employees processed for payroll.

This is a subset of Personnel Transactions Processed.

Personnel Transactions Processed

The total personnel actions processed. Personnel actions include employee hires, a change in employee demographics, job title, compensation, skills, area of employment, employee performance reviews, and terminations. This represents each transaction document prepared to support a personnel transaction. A document may reflect several employee changes, but counts as one transaction.

Human Resources Information Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Compensation Staff

Hours worked by technical and professional staff performing job description preparation, analysis, and evaluation, conducts salary surveys, and performs other activities of compensation management.
This is a subset of Worked Hours: Staff.

Worked Hours: Employee and Labor Relations Staff
Hours worked by technical and professional staff performing employee and labor relations services, including labor union negotiations, employee counseling training, employee grievance administration, and employee attitude monitoring.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee Benefits Staff
Hours worked by technical and professional staff performing employee benefits management, including employee enrollment, plan administration, and record keeping.

This is a subset of Worked Hours: Staff.

Worked Hours: Employment and Recruitment Staff
Hours worked by technical and professional staff performing employment and recruitment responsibilities, including the solicitation, screening, and interviewing of candidates and the extension of employment offers to successful candidates.

This is a subset of Worked Hours: Staff.

Worked Hours: Human Resources Information Services Staff
Hours worked by technical and professional staff responsible for Human Resources Information System for the purpose of gathering and maintaining all information regarding the hiring, training, compensation, disciplining, rewarding, termination, and demographics of facility employees.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Human Resources Information Services Expense Elements**

**Corporate Allocation Expense**

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

Human Resources Information Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Personnel Transactions Processed
- Worked Hours: Staff

06016, Employee and Labor Relations Services

This department performs employee and labor relations services, including labor union negotiations, employee counseling training, employee grievance administration, and employee attitude monitoring.

Employee and Labor Relations Services Mapping Guidelines

If your cost center also performs compensation services, employee recruitment or employee benefits functions, this may not be an appropriate department. Another option might include the 06010, Personnel Services department.

Employee and Labor Relations Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Average Paid Employees Supported

The average employee headcount during the reporting period. **Note:** The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Employee Grievances Reaching Arbitration

The total employee grievances resolved through third-party arbitration. This represents all formal grievances that do not get settled through the normal chain of command channels.

Employee Involuntary Separations

The total involuntary separations processed by the department. This includes separations due to layoff, termination for cause, or death.

Formal Union Employee Grievances

The total formal union employee grievances filed in accordance with contract protocol. This includes grievances of ONLY union represented employees filed during the reporting period.

Labor Bargaining Units

The total labor bargaining units represented within the facility. Count total number of labor unions (bargaining units) represented in the facility.

NLRB Recognized Labor Bargaining Units

The total NLRB-recognized labor bargaining units represented within the facility. Count all labor bargaining units (unions) recognized by the National Labor Relations Board.

This is a subset of Labor Bargaining Units.

Non Union Employee Grievances

The total non-union employee grievances filed in accordance with hospital policy. Count formal grievances filed according to hospital policy by employees who are not union members.

Unfair Labor Practice Complaints

The total unfair labor practice complaints issued or formally filed against the facility by an employee bargaining unit. Count total unfair labor practice complaints issued and/or filed against a facility by an employee who is a member of a bargaining unit.
Employee and Labor Relations Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Compensation Staff

Hours worked by technical and professional staff performing job description preparation, analysis, and evaluation, conducts salary surveys, and performs other activities of compensation management.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee and Labor Relations Staff

Hours worked by technical and professional staff performing employee and labor relations services, including labor union negotiations, employee counseling training, employee grievance administration, and employee attitude monitoring.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee Benefits Staff

Hours worked by technical and professional staff performing employee benefits management, including employee enrollment, plan administration, and record keeping.

This is a subset of Worked Hours: Staff.

Worked Hours: Employment and Recruitment Staff

Hours worked by technical and professional staff performing employment and recruitment responsibilities, including the solicitation, screening, and interviewing of candidates and the extension of employment offers to successful candidates.

This is a subset of Worked Hours: Staff.
Worked Hours: Human Resources Information Services Staff

Hours worked by technical and professional staff responsible for Human Resources Information System for the purpose of gathering and maintaining all information regarding the hiring, training, compensation, disciplining, rewarding, termination, and demographics of facility employees.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Employee and Labor Relations Services Revenue Elements

Unfair Labor Practice Charges

Total unfair labor practice charges formally filed with the NLRB against the facility by an employee bargaining unit.

This is a subset of Unfair Labor Practice Complaints.
Corporate Allocation Expense

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Employee and Labor Relations Services Mandatory Elements

The following data elements are mandatory for this department:

- Average Paid Employees Supported
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff
06020, Employee Health Services

This department provides medical services to employees, such as pre-employment physicals.

Employee Health Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Employee Health Visits

The total visits by prospective and current facility employees supported by the Employee Health Services department. Count employees seeking either treatment or consultation through this department. This involves face to face contact with a health care clinical professional. Employees receiving immunizations and visits from volunteers would also be included.

This is a subset of Visits.

Non Employee Visits

The total visits by non-facility clientele in an occupational health delivery role supported by the Employee Health Services departments. Count non-employees (occupational health cases from outside firms) seeking either treatment or consultation. This involves face to face contact with a health care clinical professional.

This is a subset of Visits.
Visits

The total visits supported by the Employee Health Services department. Count employees and others covered individuals seeking either treatment or consultation through this department. This involves face to face contact with a health care clinical professional. It includes treatment or consultation visits by non-employees (occupational health cases from outside firms) served by the department. Employees receiving immunizations would also be included as a visit. It does not include a count of individuals merely stopping in to pick-up health information or dropping off of forms.

Employee Health Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Clinical Staff**

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN or Nurse Practitioner**

Hours worked by registered nurses or nurse practitioners.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Employee Health Services Expense Elements

**Corporate Allocation Expense**

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Employee Health Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Visits
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Employee Health Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)
- Workers Compensation Administration

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

F6000, Human Resource Services Functional Rollup

The Human Resources (HR) Services department includes all human resources administration, personnel, employee health functions regardless of reporting relationship.

HR Services Functional Rollup Mapping Guidelines

This functional rollup department automatically rolls up to combine data for all departments within the Human Resource Services series.

HR Services Functional Rollup Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Applications Received

The total applications for employment (electronic, hard copy or via internet) received. Count the total number of solicited and unsolicited applications received and processed. Count all applications or resumes collected that are reviewed by staff and kept on file for a period of time determined by the facility for possible future contact.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Employee Contact Instructional Hours

The total hours of instruction received from education or training staff. This is the product of the number of class hours provided multiplied by the number of participants of each class. Count the cumulative hours of each employee educational event multiplied by the number of individuals present at each event. For example, an event lasting two hours attended by 10 individuals provides 20 contact hours.
Employee Grievances
The total formal employee grievances filed in accordance with union contract or facility protocol. Count formal grievances filed with and managed by Human Resources. Formal grievances require involvement of the department manager and may involve intervention by a grievance committee or bargaining unit agent.

Employee Grievances Reaching Arbitration
The total employee grievances resolved through third-party arbitration. This represents all formal grievances that do not get settled through the normal chain of command channels.

Employee Health Service Visits
The total visits by prospective and current facility employees supported by the Personnel Services department. Count employees seeking either treatment or consultation through this department. This involves face to face contact with a health care clinical professional. Employees receiving immunizations and visits from volunteers would also be included. If this department does not support employee health visits, report a value of 0.

Employee Instructional Hours
The total hours of general orientation, general and special skills, and TQM/CQI instruction provided by education staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. Add the cumulative total of hours provided, fractions included, for all instruction provided. This is a count of instruction hours and is not affected by the size of classes. For example, a one hour class to 20 employees and a on hour class to 10 employees each count as one hour towards the total Employee Instructional Hours.

Employee Leaves Initiated
The total number of employee leaves initiated during the reporting period. Include Workers’ Compensation, Family Medical Leave Act (FMLA), Short-Term Disability, Long-Term Disability, Military Leaves, and other leaves governed state regulations that are more than 5 workdays.

Employee Orientation Hours
The total hours of general orientation provided by the training department. Count general orientation to the hospital. For example, include discussions of time cards or sheets, clocking in, employee benefits, or hospital wide work rules.

This is a subset of Employee Instructional Hours.
Employee Separations

The total facility employee separations, both voluntary and involuntary, processed by department staff. Count all employees (permanent or temporary, full-time or part-time) permanently separated from employment for any reason (voluntary or involuntary death, layoff, or performance). This does not include employees temporarily suspended or on leave of absence.

Full Time And Part Time Hires

The total new employees hired during the reporting period for both full and part time positions. Do not include temporary hires. Count employees hired by the facility during the reporting period and who receive orientation or education from this department.

This is a subset of New Hires.

Instructional Hours Contracted

Total hours of instruction training taught by non-department and contracted staff.

This is a subset of Employee Instructional Hours.

Labor Bargaining Units

The total labor bargaining units (unions) represented within the facility that are supported by this department.

New Hires

The total new employees hired by the facility. Count employees hired by the facility during the reporting period and who receive orientation or education from departments within this series. Also include employees who transition from temporary to permanent hires during the reporting period.

Temporary And House Staff Hires

Total new employees hired for temporary positions and physician house staff.

This is a subset of New Hires.

HR Services Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Compensation Staff

Hours worked by technical and professional staff performing job description preparation, analysis, and evaluation, conducts salary surveys, and performs other activities of compensation management.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee and Labor Relations Staff

Hours worked by technical and professional staff performing employee and labor relations services, including labor union negotiations, employee counseling training, employee grievance administration, and employee attitude monitoring.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee Benefits Staff

Hours worked by technical and professional staff performing employee benefits management, including employee enrollment, plan administration, and record keeping.

This is a subset of Worked Hours: Staff.

Worked Hours: Employment and Recruitment Staff

Hours worked by technical and professional staff performing employment and recruitment responsibilities, including the solicitation, screening, and interviewing of candidates and the extension of employment offers to successful candidates.

This is a subset of Worked Hours: Staff.
Worked Hours: Human Resources Generalist

Hours worked by technical and professional staff performing employee enrollment, plan administration, record keeping, solicitation for job opening, screening and interviewing of candidates, extension of employment offers, evaluations, salary surveys and other human resource functions.

This is a subset of Worked Hours: Staff.

Worked Hours: Human Resources Information Services Staff

Hours worked by technical and professional staff responsible for Human Resources Information System for the purpose of gathering and maintaining all information regarding the hiring, training, compensation, disciplining, rewarding, termination, and demographics of facility employees.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

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**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

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**Worked Hours: RN or Nurse Practitioner**

Hours worked by registered nurses or nurse practitioners.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

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**HR Services Functional Rollup Expense Elements**

**Corporate Allocation Expense**

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

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**Employer Paid Tuition**

Total expense for tuition fees paid to employees.

This is a subset of Other Direct Operating Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Supply Expense**

Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

**HR Services Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Average Paid Employees Supported
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**G6000, Other Human Resource Services**

If you have a cost center in this series that does not appropriately map to any of the individual departments, map to this department.

**Other Human Resource Services Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Applications Received

The total applications for employment (electronic, hard copy or via internet) received. Count the total number of solicited and unsolicited applications received and processed. Count all applications or resumes collected that are reviewed by staff and kept on file for a period of time determined by the facility for possible future contact.

Average Paid Employees Supported

The average employee headcount during the reporting period. Note: The average number of pay checks generated may provide the means to associate the number of employees supported by the department.

Employee Contact Instructional Hours

The total hours of instruction received from education or training staff. This is the product of the number of class hours provided multiplied by the number of participants of each class. Count the cumulative hours of each employee educational event multiplied by the number of individuals present at each event. For example, an event lasting two hours attended by 10 individuals provides 20 contact hours.

Employee Grievances

The total formal employee grievances filed in accordance with union contract or facility protocol. Count formal grievances filed with and managed by Human Resources. Formal grievances require involvement of the department manager and may involve intervention by a grievance committee or bargaining unit agent.

Employee Grievances Reaching Arbitration

The total employee grievances resolved through third-party arbitration. This represents all formal grievances that do not get settled through the normal chain of command channels.

Employee Health Service Visits

The total visits by prospective and current facility employees supported by the Personnel Services department. Count employees seeking either treatment or consultation through this department. This involves face to face contact with a health care clinical professional. Employees receiving immunizations and visits from volunteers would also be included. If this department does not support employee health visits, report a value of 0.

Employee Instructional Hours

The total hours of general orientation, general and special skills, and TQM/CQI instruction provided by education staff. Count all instruction provided to employees by department educators or by outside sources coordinated by department educators. Add the cumulative total of hours provided, fractions included, for all instruction provided. This is a count of instruction hours and is not affected by the size of classes. For example, a one hour class to 20 employees and a one hour class to 10 employees each count as one hour towards the total Employee Instructional Hours.
Employee Leaves Initiated

The total number of employee leaves initiated during the reporting period. Include Workers’ Compensation, Family Medical Leave Act (FMLA), Short-Term Disability, Long-Term Disability, Military Leaves, and other leaves governed by state regulations that are more than 5 workdays.

Employee Orientation Hours

The total hours of general orientation provided by the training department. Count general orientation to the hospital. For example, include discussions of time cards or sheets, clocking in, employee benefits, or hospital wide work rules.

This is a subset of Employee Instructional Hours.

Employee Separations

The total facility employee separations, both voluntary and involuntary, processed by department staff. Count all employees (permanent or temporary, full-time or part-time) permanently separated from employment for any reason (voluntary or involuntary death, layoff, or performance). This does not include employees temporarily suspended or on leave of absence.

Full Time And Part Time Hires

The total new employees hired during the reporting period for both full and part time positions. Do not include temporary hires. Count employees hired by the facility during the reporting period and who receive orientation or education from this department.

This is a subset of New Hires.

Instructional Hours Contracted

Total hours of instruction training taught by non-department and contracted staff.

This is a subset of Employee Instructional Hours.

Labor Bargaining Units

The total labor bargaining units (unions) represented within the facility that are supported by this department.

New Hires

The total new employees hired by the facility. Count employees hired by the facility during the reporting period and who receive orientation or education from this department. Also include employees who transition from temporary to permanent hires during the reporting period.
Temporary And House Staff Hires

Total new employees hired for temporary positions and physician house staff.

This is a subset of New Hires.

Other Human Resource Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Compensation Staff

Hours worked by technical and professional staff performing job description preparation, analysis, and evaluation, conducts salary surveys, and performs other activities of compensation management.

This is a subset of Worked Hours: Staff.

Worked Hours: Employee and Labor Relations Staff

Hours worked by technical and professional staff performing employee and labor relations services, including labor union negotiations, employee counseling training, employee grievance administration, and employee attitude monitoring.

This is a subset of Worked Hours: Staff.
**Worked Hours: Employee Benefits Staff**

Hours worked by technical and professional staff performing employee benefits management, including employee enrollment, plan administration, and record keeping.

This is a subset of Worked Hours: Staff.

**Worked Hours: Employment and Recruitment Staff**

Hours worked by technical and professional staff performing employment and recruitment responsibilities, including the solicitation, screening, and interviewing of candidates and the extension of employment offers to successful candidates.

This is a subset of Worked Hours: Staff.

**Worked Hours: Human Resources Generalist**

Hours worked by technical and professional staff performing employee enrollment, plan administration, record keeping, solicitation for job opening, screening and interviewing of candidates, extension of employment offers, evaluations, salary surveys and other human resource functions.

This is a subset of Worked Hours: Staff.

**Worked Hours: Human Resources Information Services Staff**

Hours worked by technical and professional staff responsible for Human Resources Information System for the purpose of gathering and maintaining all information regarding the hiring, training, compensation, disciplining, rewarding, termination, and demographics of facility employees.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Clinical**

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN or Nurse Practitioner**

Hours worked by registered nurses or nurse practitioners.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Other Human Resource Services Expense Elements

Corporate Allocation Expense

Total allocated expense for employee health services provided by a related party.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Other Human Resource Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Other Human Resource Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Compensation and Benefits, e.g., job description preparation, analysis, and evaluation, conducting salary surveys, performing employee benefits management, employee enrollment, plan administration, and record keeping
• Employee Assistance (management and administration of the program)

• Non-emergent Employee Health functions and activities, such as employment physicals and health screenings (e.g., tuberculosis testing, flu shots)

• Human Resources/Personnel

• Nursing Recruitment and Retention

• Outplacement Counseling

• Performance Management, e.g., evaluating current employee performance within a specific job, mid-year, or annual reviews

• Position Control

• Recruitment Costs, e.g., costs associated with the relocation of new employees (excluding physicians)

• Staff who perform new employee/new hire orientation specific to HR-related activities, e.g., institutional policies and procedures, W-2 forms, benefits

• Union Negotiations

• Workers Compensation Administration

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

• Interpreters

• Lean Six Sigma program administration and support to be included in the 06235, Organization Development

• Organizational Development, e.g., coaching, culture development

• Payroll processing and distribution

• Talent management (the focus on an employee’s potential and future performance, if given the proper development of skills and increased responsibility, "career advancement", "attract and retain")

• Time and attendance system management
Chapter 21. Imaging Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 03410, Diagnostic Radiology Including Interventional Procedures  
- 03411, Diagnostic Radiology Without Interventional Procedures  
- 03412, Interventional Radiology  
- 03420, Computerized Tomography  
- 03430, Magnetic Resonance Imaging  
- 03440, Mammography  
- 03450, Ultrasound  
- 03460, Nuclear Medicine  
- 03470, Outpatient Imaging  
- 03499, Imaging Services Administration  
- F3400, Imaging Services Functional Rollup  
- G3400, Other Imaging Services  
- Imaging Services Worksheets

03410, Diagnostic Radiology Including Interventional Procedures

This department performs general diagnostic radiology and interventional procedures. Procedures may include but are not limited to: X-rays, fluoroscopy, mammography (only if a separate 03440, Mammography department, is not being reported) and interventional/special procedures that typically involve invasive techniques and contrast media such as arteriograms, angiograms, venous sampling, tube placements, and vascular access devices. The department is also responsible for the pre-procedure and post-procedure care.
Diagnostic Radiology Including Interventional Procedures Mapping Guidelines

If less than 20% of procedures performed are special procedures this department may not be an appropriate choice. Special procedures involve invasive techniques and contrast media. Examples are angiograms, aortograms, and arteriograms. Another option might be the 03411, Diagnostic Radiology Without Interventional Procedures department.

Diagnostic Radiology Including Interventional Procedures Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Contrast Procedures

Total procedures performed using contrast media.

This is a component of Total Procedures.

Days of Operation per Week

The average number of days per week that the department is open for routine business.

Diagnostic Radiology APC Relative Weight

The Diagnostic Radiology APC Relative is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.
Diagnostic Radiology Procedures
Count routine contrast and non-contrast diagnostic radiology procedures performed by the department. These procedures refer to the medical imaging of the patient using external sources of radiation.

This is a subset of Total Procedures.

Emergency Procedures
Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites
Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week
The average number of hours per week that the department is open for routine business.

Inpatient Procedures
Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Interventional Procedure APC Relative Weight
The Interventional Procedure APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.
Interventional Radiology Procedures

Count interventional procedures performed by the department. Procedures counted include, but are not limited to, diagnostic radiology procedures that use invasive techniques and contrast media, such as arteriograms, venous sampling, tube placements, vascular access devices, etc.

This is a subset of Total Procedures.

Mammography Procedures

Total routine and diagnostic mammography procedures performed by the department. This includes all routine and diagnostic mammographies, including biopsies and screenings.

This is a subset of Diagnostic Radiology Procedures.

Number of C-Arm Cases

Total number of C-ARM procedures performed in this reporting period. A C-ARM is a special image intensifier device used in medical imaging.

Number of C-Arms Supported

Total number of C-Arms (portable and fixed fluoroscopy) supported by the department. A C-Arm is a special image intensifier device used in medical imaging.

Number of Outpatient No Shows

Total Number of Outpatient No Shows for this reporting period.

Number of Outpatients Scheduled

Total Number of outpatients scheduled for this reporting period.

Number of Physical Locations Supported

Count all physical locations supported both inside and outside the hospital's main building.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
Portable Procedures
Total procedures performed using portable equipment (i.e. outside the main department with portable equipment). These procedures may be performed at a patient's bedside, in the operating room with stationary or portable equipment or other area outside the department. This count is not mutually exclusive to other procedure categories. For example, an inpatient procedure performed at the patient bedside should be a count of one in inpatient procedure, a count of one in portable procedures, and a count of one in procedures.

This is a component of Total Procedures.

Recovery Minutes
The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

Surgical Procedures
Count any surgical procedures billed and performed by the department. Interventional/Invasive Imaging and Special Procedures each have two separately coded components, a surgical component and a radiological supervision component. Surgical Procedures counts the surgical codes that are reported together with a 70000 series code. The 70000 code represents the associated radiological supervision component of the procedure.

Do not include Surgical Procedures in the value reported in Total Procedures.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Diagnostic Radiology Including Interventional Procedures Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).
Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Technologist

Hours worked by Registered Radiology Technologists.

Diagnostic Radiology Including Interventional Procedures Expense Elements

Contrast Media Expense

Total contrast media expense for this department.

Drug Expense

Total expense for pharmaceuticals expensed to this department.
This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Film Expense**

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.
**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Diagnostic Radiology Including Interventional Procedures Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Number of C-Arm Cases
• Number of C-Arms Supported
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Diagnostic Radiology Including Interventional Procedures Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Contrast Media Expense
• Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
• Clinical Engineer and/or Biomedical Technician
• Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)

• Repair and Maintenance of Clinical Equipment/Rooms

• Results library (Imaging)

• Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)

• Transport of patients to/from the department

03411, Diagnostic Radiology Without Interventional Procedures

This department performs general diagnostic radiology procedures. Procedures may include but are not limited to: X-rays, fluoroscopy, and mammography (only if a separate 03440, Mammography department, is not being reported). The department is also responsible for the pre-procedure and post-procedure care.

Diagnostic Radiology Without Interventional Procedures

The following data elements are mandatory for this department:

• Inpatient Procedures

• Labor Expense

• Labor Expense: Physician Provider
Non Medical Supply Expense

Other Direct Operating Expense

Paid Hours: Contract Labor

Paid Hours: Physician Provider

Paid Hours: Staff

Physician Provider Professional Fee Expense

Total Procedures

Worked Hours: Physician Provider

Worked Hours: Staff

**Diagnostic Radiology Without Interventional Procedures Mapping Guidelines**

If less than 80% of the cost center's procedures performed are routine Diagnostic Radiology procedures, this department may not be an appropriate choice. Another option might be the 03410, Diagnostic Radiology Including Interventional Procedures department.

**Diagnostic Radiology Without Interventional Procedures Workload Volumes**

**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

**Average Hourly Rate On Call**

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

**Contrast Procedures**

Total procedures performed using contrast media.

This is a component of Total Procedures.
Days of Operation per Week

The average number of days per week that the department is open for routine business.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week

The average number of hours per week that the department is open for routine business.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Mammography Procedures

Total routine and diagnostic mammography procedures performed by the department. This includes all routine and diagnostic mammographies, including biopsies and screenings.

This is a subset of Diagnostic Radiology Procedures.

Number of C-Arm Cases

Total number of C-ARM procedures performed in this reporting period. A C-ARM is a special image intensifier device used in medical imaging.
**Number of C-Arms Supported**

Total number of C-Arms (portable and fixed fluoroscopy) supported by the department. A C-Arm is a special image intensifier device used in medical imaging.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Portable Procedures**

Total procedures performed using portable equipment (i.e. outside the main department with portable equipment). These procedures may be performed at a patient's bedside, in the operating room with stationary or portable equipment or other area outside the department. This count is not mutually exclusive to other procedure categories. For example, an inpatient procedure performed at the patient bedside should be a count of one in inpatient procedure, a count of one in portable procedures, and a count of one in procedures.

This is a component of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Diagnostic Radiology Without Interventional Procedures Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.
Diagnostic Radiology Without Interventional Procedures Expense Elements

Contrast Media Expense
Total contrast media expense for this department.
This is a subset of Drug Expense.

Drug Expense
Total expense for pharmaceuticals expensed to this department.
This is a subset of Medical Supply Expense.

Equipment Repair And Maintenance Expense
Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.
This is a subset of Other Direct Operating Expense.

Film Expense
Total expense for film charged to this department.
This is a subset of Medical Supply Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.
Medical Supply Expense

Report the expense for the period for stocked and non-stocked patient medical supplies. Include all non-capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Diagnostic Radiology Without Interventional Procedures Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Number of C-Arm Cases
- Number of C-Arms Supported
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

Diagnostic Radiology Without Interventional Procedures Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Contrast Media Expense
- Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)

• Clinical Engineer and/or Biomedical Technician

• Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.

• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors.

• Medical records transcription, e.g., lines produced internally or outsources (Imaging)

• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)

• Repair and Maintenance of Clinical Equipment/Rooms

• Results library (Imaging)

• Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)

• Transport of patients to/from the department

03412, Interventional Radiology

This department performs interventional radiology procedures with local and intravenous sedation. Procedures may include but are not limited to: arteriograms, venous sampling, tube placements, and vascular access devices. The department is also responsible for the pre-procedure and post-procedure care.

Interventional Radiology Mapping Guidelines

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If less than 80% of the procedures performed are special procedures this department might not be an appropriate choice. Another option might be the 03411, Diagnostic Radiology Without Interventional Procedures department. Examples of special procedures are angiograms, aortograms, and arteriograms.

Interventional Radiology Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Days of Operation per Week

The average number of days per week that the department is open for routine business.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week

The average number of hours per week that the department is open for routine business.
**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Surgical Procedures**

Count any surgical procedures billed and performed by the department. Interventional/Invasive Imaging and Special Procedures each have two separately coded components, a surgical component and a radiological supervision component. Surgical Procedures counts the surgical codes that are reported together with a 70000 series code. The 70000 code represents the associated radiological supervision component of the procedure.

Do not include Surgical Procedures in the value reported in Total Procedures.
Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Interventional Radiology Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.
Interventional Radiology Expense Elements

Contrast Media Expense
Total contrast media expense for this department.
This is a subset of Drug Expense.

Drug Expense
Total expense for pharmaceuticals expensed to this department.
This is a subset of Medical Supply Expense.

Equipment Repair And Maintenance Expense
Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.
This is a subset of Other Direct Operating Expense.

Film Expense
Total expense for film charged to this department.
This is a subset of Medical Supply Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.
Medical Supply Expense
Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense
Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Interventional Radiology Mandatory Elements
The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Interventional Radiology Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Contrast Media Expense
- Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)

• Repair and Maintenance of Clinical Equipment/Rooms

• Results library (Imaging)

• Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)

• Transport of patients to/from the department

03420, Computerized Tomography

This department performs computerized tomography procedures with frequent use of contrast media. The department is also responsible for the pre-procedure and post-procedure care.

Computerized Tomography Mapping Guidelines

If less than 80% of the department's procedures are Computerized Tomography procedures, this department may not be an appropriate choice. Another option might be the G3400, Other Imaging Services department.
Computerized Tomography Workload Volumes

APC Relative Weight
The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call
Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Contrast Procedures
Total procedures performed using contrast media.

This is a component of Total Procedures.

Days of Operation per Week
The average number of days per week that the department is open for routine business.

Emergency Procedures
Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites
Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Guided Procedures
Total number Guided Procedures performed in this reporting period.
This is a component of Total Procedures.

**Hours of Operation per Week**

The average number of hours per week that the department is open for routine business.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.
**Surgical Procedures**

Count any surgical procedures billed and performed by the department. Interventional/Invasive Imaging and Special Procedures each have two separately coded components, a surgical component and a radiological supervision component. Surgical Procedures counts the surgical codes that are reported together with a 70000 series code. The 70000 code represents the associated radiological supervision component of the procedure.

Do not include Surgical Procedures in the value reported in Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Computerized Tomography Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Computerized Tomography Expense Elements**

**Contrast Media Expense**

Total contrast media expense for this department.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Computerized Tomography Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
Computerized Tomography Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Contrast Media Expense
- Personnel performing the functions of the department's day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors.
- Medical records transcription, e.g., lines produced internally or outsourced (Imaging)
- Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)
- Repair and Maintenance of Clinical Equipment/Rooms
- Results library (Imaging)
- Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)
- Transport of patients to/from the department
03430, Magnetic Resonance Imaging

This department performs magnetic resonance imaging procedures. The department is also responsible for the pre-procedure and post-procedure care.

Magnetic Resonance Imaging Mapping Guidelines

If less than 80% of the procedures performed are MRI procedures, this department may not be an appropriate choice. Another option might be the G3400, Other Imaging Services department.

Magnetic Resonance Imaging Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Contrast Procedures

Total procedures performed using contrast media.

This is a component of Total Procedures.

Days of Operation per Week

The average number of days per week that the department is open for routine business.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.
This is a component of Total Procedures.

**Exam Suites**

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

**Guided Procedures**

Total number Guided Procedures performed in this reporting period.

This is a component of Total Procedures.

**Hours of Operation per Week**

The average number of hours per week that the department is open for routine business.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Magnetic Resonance Imaging Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physician providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Technologist

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

Magnetic Resonance Imaging Expense Elements

Contrast Media Expense

Total contrast media expense for this department.

This is a subset of Drug Expense.

Drug Expense

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

Equipment Repair And Maintenance Expense

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Report the expense for the period for stocked and non-stocked patient medical supplies. Include all non-capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Magnetic Resonance Imaging Mandatory Elements
The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Magnetic Resonance Imaging Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Contrast Media Expense
- Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)

• Repair and Maintenance of Clinical Equipment/Rooms

• Results library (Imaging)

• Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)

• Transport of patients to/from the department

03440, Mammography

This department performs routine and diagnostic procedures of the breast, including biopsies and screenings. The department is also responsible for the pre-procedure and post-procedure care.

Mammography Mapping Guidelines

If less than 80% of the procedures performed are mammography procedures, this department may not be an appropriate choice. Another option might be the G3400, Other Imaging Services department.

Mammography Workload Volumes
APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Days of Operation per Week

The average number of days per week that the department is open for routine business.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week

The average number of hours per week that the department is open for routine business.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.
**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Mammography Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Mammography Expense Elements**

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Film Expense**

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Mammography Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
Mammography Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
- Medical records transcription, e.g., lines produced internally or outsourced (Imaging)
- Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)
- Repair and Maintenance of Clinical Equipment/Rooms
- Results library (Imaging)
- Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)
- Transport of patients to/from the department
03450, Ultrasound

This department performs diagnostic imaging procedures that utilize ultrasonic waves for diagnostic or therapeutic purposes, including echocardiography. The department is also responsible for the pre-procedure and post-procedure care.

Ultrasound Mapping Guidelines

If less than 80% of the procedures performed are ultrasound procedures, this department may not be an appropriate choice. Another option might be the G3400, Other Imaging Services department.

Ultrasound Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Days of Operation per Week

The average number of days per week that the department is open for routine business.

Echocardiography Procedures

Total number of Echocardiography procedures performed in this department. Echocardiography is a test that uses sound waves to create images of your heart, which provide information on the size, shape of the heart and how the heart’s chambers and valves are working.

This is a component of Total Procedures.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.
This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week

The average number of hours per week that the department is open for routine business.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Number of Outpatient No Shows

Total Number of Outpatient No Shows for this reporting period.

Number of Outpatients Scheduled

Total Number of outpatients scheduled for this reporting period.

Number of Physical Locations Supported

Count all physical locations supported both inside and outside the hospital's main building.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Ultrasound Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.
Ultrasound Expense Elements

Drug Expense

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

Equipment Repair And Maintenance Expense

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Film Expense

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Ultrasound Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
• Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Overtime
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Ultrasound Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)

• Clinical Engineer and/or Biomedical Technician

• Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.

• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)

• Repair and Maintenance of Clinical Equipment/Rooms

• Results library (Imaging)

• Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)

• Transport of patients to/from the department

03460, Nuclear Medicine

This department performs procedures with the use of radioactive pharmaceuticals. Procedures may include, but are not limited to Positron Emission Tomography (PET) scans and Single-photon Emission Computed Tomography (SPECT) scans. The department is also responsible for the pre-procedure and post-procedure care.

Nuclear Medicine Mapping Guidelines

If less than 80% of the procedures performed are nuclear radiology procedures, this department may not be an appropriate choice. Another option might be G3400, Other Imaging Services department.
Nuclear Medicine Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Cardiovascular Procedures

Count all cardiovascular procedures performed by the department. Include CPT codes for total nuclear radiology procedures on the cardiovascular system.

This is a subset of Total Procedures.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.
**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**PET Procedures**

Total number of PET procedures performed in this reporting period.

This is a component of Total Procedures.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.
SPECT Procedures

Count the SPECT procedures performed by the department. Single-photon emission computed tomography (SPECT) is a special imaging technique used in nuclear medicine. This includes but is not limited to SPECT procedures for liver imaging, bone and/or joint imaging, myocardial perfusion imaging or radiopharmaceutical localization of tumor or distribution of a radiopharmaceutical agent. Procedures using the SPECT technique should not be counted twice. For example, do not include one count for the procedure and another count for the SPECT using this technique.

This is a component of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Nuclear Medicine Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Nuclear Medicine Expense Elements**

**Contrast Media Expense**

Total contrast media expense for this department.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Film Expense**

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies, pharmaceuticals, and radiopharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Nuclear Medicine Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Overtime
- Worked Hours: Physician Provider
- Worked Hours: Staff
Nuclear Medicine Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Nuclear pharmacy services staff and drug expenses
- Personnel performing the functions of the department's day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
- Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)
- Clinical Engineer and/or Biomedical Technician
- Medical records transcription, e.g., lines produced internally or outsourced (Imaging)
- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
- Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)
- Repair and Maintenance of Clinical Equipment/Rooms
- Results library (Imaging)
- Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)
- Transport of patients to/from the department
03470, Outpatient Imaging

This department performs procedures with respect to all modalities of radiology within a single location: Diagnostic Radiology, Interventional Radiology, Computerized Tomography, Magnetic Resonance Imaging, Mammography, Ultrasound, and or Nuclear Medicine. The department is also responsible for the pre-procedure and post-procedure care.

Outpatient Imaging Mapping Guidelines

If less than 80% of the procedures performed are the total of diagnostic radiology, CT, mammography, MRI and ultrasound this department may not be an appropriate choice. Another option might be G3400, Other Imaging Services department.

Outpatient Imaging Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Computerized Tomographic CT Procedures

Count all computerized tomographic procedures performed by the service area for the reporting period. Computerized tomography is a non-invasive x-ray technique that produces a film representing a detailed cross section of tissue structure.

This is a subset of Total Procedures.

CT APC Relative Weight

The CT APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Days of Operation per Week

The average number of days per week that the department is open for routine business.
Diagnostic Radiology APC Relative Weight

The Diagnostic Radiology APC Relative is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Diagnostic Radiology Procedures

Count routine contrast and non-contrast diagnostic radiology procedures performed by the department. These procedures refer to the medical imaging of the patient using external sources of radiation.

This is a subset of Total Procedures.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours of Operation per Week

The average number of hours per week that the department is open for routine business.

Interventional Procedure APC Relative Weight

The Interventional Procedure APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.
Interventional Radiology Procedures

Count interventional procedures performed by the department. Procedures counted include, but are not limited to, diagnostic radiology procedures that use invasive techniques and contrast media, such as arteriograms, venous sampling, tube placements, vascular access devices, etc.

This is a subset of Total Procedures.

Magnetic Resonance Imaging MRI Procedures

Total magnetic resonance imaging procedures performed.

This is a subset of Total Procedures.

Mammography APC Relative Weight

The Mammography APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of Diagnostic Radiology APC Relative Weight.

Mammography Procedures

Total routine and diagnostic mammography procedures performed by the department. This includes all routine and diagnostic mammographies, including biopsies and screenings.

This is a subset of Diagnostic Radiology Procedures.

MRI APC Relative Weight

The MRI APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Nuclear Medicine APC Relative Weight

The Nuclear Medicine APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.
This is a subset of APC Relative Weight.

**Nuclear Medicine Procedures**

Total nuclear radiology procedures performed by the department, including SPECT studies.

This is a subset of Total Procedures.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital’s main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Ultrasound APC Relative Weight

The Ultrasound APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Ultrasound Procedures

Count all ultrasound procedures performed by the department. For more information on guidelines and descriptions for counting methodology, refer to Procedure Counting here in the DRM.

This is a subset of Total Procedures.

Outpatient Imaging Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Outpatient Imaging Expense Elements**

**Contrast Media Expense**

Total contrast media expense for this department.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Film Expense**

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Outpatient Imaging Mandatory Elements

The following data elements are mandatory for this department.

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
Outpatient Imaging Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Contrast Media Expense
- Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
- Medical records transcription, e.g., lines produced internally or outsourced (Imaging)
- Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)
- Repair and Maintenance of Clinical Equipment/Rooms
- Results library (Imaging)
- Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)
- Transport of patients to/from the department
03499, Imaging Services Administration

This department performs the overall administrative and general support tasks for the entire Imaging Services series. These tasks and functions include but are not limited to: billing, research, results library, transcription and the associated management of these support activities.

Imaging Services Administration Mapping Guidelines

If your cost center performs procedures or other direct patient care, another option might be G3400, Other Imaging Services department.

Imaging Services Administration Workload Volumes

APC Relative Weight Supported

The APC Relative Weight Supported is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures supported by the department. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the APC weights for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Procedures Supported

Count all procedures that are supported by the department for the reporting period. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the total procedures for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

Imaging Services Administration Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Technologist

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

Worked Hours: Transcriptionist and Transcriptionist Editor

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

Imaging Services Administration Expense Elements

Equipment Repair And Maintenance Expense

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Imaging Services Administration Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight Supported
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Procedures Supported
- Worked Hours: Overtime
- Worked Hours: Physician Provider
- Worked Hours: Staff

Imaging Services Administration Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)

• Results library (Imaging)

• Support activities for department Information System, e.g., clinical table updates, system administrators for RIS, PACS (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of the department’s day to day managerial operations (Imaging)

• Radiology /Imaging Informatics (focuses on optimally accessing and using images, knowledge, and data associated with images in clinical care while aiming to improve the efficiency, accuracy, usability and reliability of imaging services)

• Repair and Maintenance of Clinical Equipment/Rooms

F3400, Imaging Services Functional Rollup

This department includes all Diagnostic Radiology, Interventional Radiology, CT, MRI, Mammography, Ultrasound, and Nuclear Radiology functions, as well as related Imaging Services administration, regardless of reporting relationships.

Imaging Services Functional Rollup Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
Computerized Tomographic CT Procedures

Count all computerized tomographic procedures performed by the service area for the reporting period. Computerized tomography is a non-invasive x-ray technique that produces a film representing a detailed cross section of tissue structure.

This is a subset of Total Procedures.

Contrast Procedures

Total procedures performed using contrast media.

This is a component of Total Procedures.

CT APC Relative Weight

The CT APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Diagnostic Radiology APC Relative Weight

The Diagnostic Radiology APC Relative Weight based on the weights published by Medicare. Report weights for procedures where the majority of the cost is provided by the department. This value should automatically populate after the rollup and calc process has been completed and the standard departments within the series utilize the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value for each of the departments within the series, refer to the APC and Work RVU Workbook available on the Support Page and utilize the volumes for all departments within the series.

This is a subset of APC Relative Weight.

Diagnostic Radiology Procedures

Count routine contrast and non-contrast diagnostic radiology procedures performed by the department. These procedures refer to the medical imaging of the patient using external sources of radiation.

This is a subset of Total Procedures.
Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should automatically populate after the rollup and calc process has been completed and the standard departments within the series utilize the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value for each of the departments within the series, refer to the APC and Work RVU Workbook available on the Support Page and utilize the volumes for all departments within the series.

This is a subset of Total Procedures.

Interventional Procedure APC Relative Weight

The Interventional Procedure APC Relative Weight based on the weights published by Medicare. Report weights for procedures where the majority of the cost is provided by the department. This value should automatically populate after the rollup and calc process has been completed and the standard departments within the series utilize the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value for each of the departments within the series, refer to the APC and Work RVU Workbook available on the Support Page and utilize the volumes for all departments within the series.

This is a subset of APC Relative Weight.

Interventional Radiology Procedures

Count interventional procedures performed by the department. Procedures counted include, but are not limited to, diagnostic radiology procedures that use invasive techniques and contrast media, such as arteriograms, venous sampling, tube placements, vascular access devices, etc.

This is a subset of Total Procedures.
Magnetic Resonance Imaging MRI Procedures
Total magnetic resonance imaging procedures performed.
This is a subset of Total Procedures.

Mammography APC Relative Weight
The Mammography APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.
This is a subset of Diagnostic Radiology APC Relative Weight.

Mammography Procedures
Total routine and diagnostic mammography procedures performed by the department. This includes all routine and diagnostic mammographies, including biopsies and screenings.
This is a subset of Diagnostic Radiology Procedures.

MRI APC Relative Weight
The MRI APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.
This is a subset of APC Relative Weight.

Nuclear Medicine APC Relative Weight
The Nuclear Medicine APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.
This is a subset of APC Relative Weight.

Nuclear Medicine Procedures
Total nuclear radiology procedures performed by the department, including SPECT studies.
This is a subset of Total Procedures.

**Number of Outpatient No Shows**
Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**
Total Number of outpatients scheduled for this reporting period.

**Number of Physical Locations Supported**
Count all physical locations supported both inside and outside the hospital's main building.

**Patient Visits**
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Portable Procedures**
Total procedures performed using portable equipment (i.e. outside the main imaging department with portable imaging equipment). These procedures may be performed at a patient's bedside, in the operating room with stationary or portable imaging equipment or other area outside the imaging department. This count is not mutually exclusive to other procedure categories. For example, an inpatient procedure performed at the patient bedside should be a count of one in "Inpatient Procedures," a count of one in "Portable Procedures," and a count of one in "Procedures."

This is a component of Total Procedures.

**Recovery Minutes**
The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Surgical Procedures**
Count any surgical procedures billed and performed by the department. Interventional/Invasive Imaging and Special Procedures each have two separately coded components, a surgical component and a radiological supervision component. Surgical Procedures counts the surgical codes that are reported together with a 70000 series code. The 70000 code represents the associated radiological supervision component of the procedure.

Do not include Surgical Procedures in the value reported in Total Procedures.
Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Ultrasound APC Relative Weight

The Ultrasound APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Ultrasound Procedures

Count all ultrasound procedures performed by the department. For more information on guidelines and descriptions for counting methodology, refer to Procedure Counting here in the DRM.

This is a subset of Total Procedures.

Imaging Services Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.
**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Imaging Services Functional Rollup Expense Elements**

**Contrast Media Expense**

Total contrast media expense for this department.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Film Expense**

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense
Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Imaging Services Functional Rollup Mandatory Elements
The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
G3400, Other Imaging Services

This generic department includes all cost centers belonging to Imaging Services that cannot be mapped to individual Imaging Services departments.

Other Imaging Services Mapping Guidelines

Map a cost center here for example, if your cost center supports all imaging disciplines through the use of shared staff.

Other Imaging Services Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Average Hourly Rate On Call

Average rate for staff to be available via beeper or telephone to be called into work. This does not include time / expense for actual worked hours after staff have been called in (i.e., call-back time).

Computerized Tomographic CT Procedures

Count all computerized tomographic procedures performed by the service area for the reporting period. Computerized tomography is a non-invasive x-ray technique that produces a film representing a detailed cross section of tissue structure.

This is a subset of Total Procedures.

Contrast Procedures

Total procedures performed using contrast media.

This is a component of Total Procedures.
CT APC Relative Weight

The CT APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Diagnostic Radiology APC Relative Weight

The Diagnostic Radiology APC Relative is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Diagnostic Radiology Procedures

Count routine contrast and non-contrast diagnostic radiology procedures performed by the department. These procedures refer to the medical imaging of the patient using external sources of radiation.

This is a subset of Total Procedures.

Emergency Procedures

Emergency Procedures represent procedures performed in the Emergency Services department or in the imaging area for Emergency Services department patients. If the patient is later admitted to the hospital, the procedure performed prior to admission should be reported as an ER Patient Procedure. Any procedure following admission is categorized as an Inpatient Procedure.

This is a component of Total Procedures.

Exam Suites

Exam Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.
**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Interventional Procedure APC Relative Weight**

The Interventional Procedure APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

**Interventional Radiology Procedures**

Count interventional procedures performed by the department. Procedures counted include, but are not limited to, diagnostic radiology procedures that use invasive techniques and contrast media, such as arteriograms, venous sampling, tube placements, vascular access devices, etc.

This is a subset of Total Procedures.

**Magnetic Resonance Imaging MRI Procedures**

Total magnetic resonance imaging procedures performed.

This is a subset of Total Procedures.

**Mammography APC Relative Weight**

The Mammography APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of Diagnostic Radiology APC Relative Weight.

**Mammography Procedures**

Total routine and diagnostic mammography procedures performed by the department. This includes all routine and diagnostic mammographies, including biopsies and screenings.
This is a subset of Diagnostic Radiology Procedures.

**MRI APC Relative Weight**

The MRI APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

**Nuclear Medicine APC Relative Weight**

The Nuclear Medicine APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

**Nuclear Medicine Procedures**

Total nuclear radiology procedures performed by the department, including SPECT studies.

This is a subset of Total Procedures.

**Number of C-Arm Cases**

Total number of C-ARM procedures performed in this reporting period. A C-ARM is a special image intensifier device used in medical imaging.

**Number of C-Arms Supported**

Total number of C-Arms (portable and fixed fluoroscopy) supported by the department. A C-Arm is a special image intensifier device used in medical imaging.

**Number of Outpatient No Shows**

Total Number of Outpatient No Shows for this reporting period.

**Number of Outpatients Scheduled**

Total Number of outpatients scheduled for this reporting period.
**Number of Physical Locations Supported**

Count all physical locations supported both inside and outside the hospital’s main building.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Portable Procedures**

Total procedures performed using portable equipment (i.e. outside the main imaging department with portable imaging equipment). These procedures may be performed at a patient's bedside, in the operating room with stationary or portable imaging equipment or other area outside the imaging department. This count is not mutually exclusive to other procedure categories. For example, an inpatient procedure performed at the patient bedside should be a count of one in "Inpatient Procedures," a count of one in "Portable Procedures," and a count of one in "Procedures."

This is a subset of Total Procedures.

**Recovery Minutes**

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

**Surgical Procedures**

Count any surgical procedures billed and performed by the department. Interventional/Invasive Imaging and Special Procedures each have two separately coded components, a surgical component and a radiological supervision component. Surgical Procedures counts the surgical codes that are reported together with a 70000 series code. The 70000 code represents the associated radiological supervision component of the procedure.

Do not include Surgical Procedures in the value reported in Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Ultrasound APC Relative Weight

The Ultrasound APC Relative Weight is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value is unable to be populated using the Key Volume Element Population data file. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of APC Relative Weight.

Ultrasound Procedures

Count all ultrasound procedures performed by the department. For more information on guidelines and descriptions for counting methodology, refer to Procedure Counting here in the DRM.

This is a subset of Total Procedures.

Other Imaging Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

This is a mandatory field.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Other Imaging Services Expense Elements**

**Contrast Media Expense**

Total contrast media expense for this department.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Film Expense**

Total expense for film charged to this department.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Other Imaging Services Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Overtime
- Worked Hours: Physician Provider
• Worked Hours: Staff

Other Imaging Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Contrast Media Expense
• Medical records transcription, e.g., lines produced internally or outsources (Imaging)
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Imaging)
• Personnel performing the functions of the department’s day to day managerial operations (Imaging)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Imaging Services)
• Clinical Engineer and/or Biomedical Technician
• Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
• Operation of a hospital based School of Radiologic Technology, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Imaging)
• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)
• Results library (Imaging)
• Repair and Maintenance of Clinical Equipment/Rooms
• Transport of patients to/from the department
Imaging Services Worksheets

Use the following worksheets for this department. The worksheets can be found on the Support tab of ActionOI.

- APC and Work RVU Worksheet
- Imaging Services Procedure Subset Worksheet
Chapter 22. Information Technology

This chapter includes the following sections:

- 05510, Enterprise Information Services 991
- 05520, Voice and Data Network 1002
- 05530, Call Center / Switchboard 1009
- 05540, Telecom Switchboard Combined 1013
- 05550, Informatics 1018
- 05560, Help Desk and Desktop Support 1025
- F5500, Information Technology and Telecommunications Functional Rollup 1030
- G5500, Other Information Technology Services 1042
- Information Technology Worksheet 1051

05510, Enterprise Information Services

This department provides the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. This department provides the information technology network infrastructure and tools (hardware and applications), processes, and services required to support business and clinical processes and end-users, and to enable process improvements through more efficient workflows and improved analytics. This department utilizes standards (ITIL, ISO, et al) and methods (system life cycle, project management, et al) to ensure reliable and secure acquisition, retrieval, integration, manipulation, transmission, storage, management, and use of an organization's data and information assets. Functions within this department include, but are not limited to, the analysis, design, development, testing, installation or activation, interfacing or integration, support, maintenance, monitoring, and optimization of technologies such as ERP and EHR/EMR enterprise systems, departmental management systems, reporting systems, and the technical infrastructure to support maximal data and information management, and system availability. End user training for these technologies and systems is included in this department.
Enterprise Information Services Department Mapping Guidelines

Do not include Clinical Informatics or Help Desk functions. If the cost center(s) mapped here performs help desk and desktop support functions, they will need to be reported under the 05560, Help Desk and Desktop Support department in the normalized view. If the cost center(s) mapped here performs Clinical Informatics functions, they will need to be reported under the 05550, Informatics department in the normalized view.

Enterprise Information Services Workload Volumes

Active Projects

Total number of formally managed projects undertaken by department staff during the reporting period. A formally managed project involves time spent by the department staff in initiating, planning, executing, controlling and monitoring of projects during the reporting period.

Actual Users IT

Total number of actual authorized individual users that signed on to the network within the reporting period. Each user is counted once during the reporting period regardless of the number of sign-ons during the period. Individuals with multiple user IDs and who may have signed on to the network using one or more of authorized user IDs should be counted once.

This is a subset of Total Users IT.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Application Capital Expenditure

Total capital expenditure for applications and development related to information technology and supported by this department for the current reporting period.

This is a subset of IT Capital Expenditures.
Devices integrated into EMR/EHR

Total number of devices integrated into the electronic medical record/electronic health record system supported by the department. Device integration typically refers to the integration of medical devices with hospital information systems, which can facilitate a multitude of functions, including automated clinical documentation, alarm management and notification, remote surveillance, and data aggregation for retrospective review and analysis. Examples include, but are not limited to, infusion pumps, heart monitors, etc.

This is a subset of Devices Supported.

Devices Supported

Total number of devices (e.g., workstations, printers, handheld devices, laptops, medical devices integrated with EHR) supported by the department. Exclude cell phones, personal digital assistants (PDAs), Blackberries, and other handheld mobile devices from this count.

End User Computing Devices

Total number of personal computers supported by the department during the reporting period. This would include, but is not limited to, personal computers/desktops, laptops, notebooks, tablets/iPads, and thin clients.

This is a subset of Devices Supported.

External Sites Supported by Department

Total number of separate and discrete sites that are not located on the hospital campus (e.g., Ambulatory Care Centers, Outpatient Clinics, Physician Practices/Medical Group Offices, etc.) but which are supported by the department during the reporting period. For a site to qualify, the department should perform at least 80% of the relevant workload required by the site.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Hardware Capital Expenditure

Total capital expenditure for hardware related to information technology and supported by this department for the current reporting period.

This is a subset of IT Capital Expenditures.
Help Desk Requests Received
The total number of requests received for IT support received by this department during the reporting period. Method of contact may include calls, voicemails, email, etc. The length of time to process/complete each request is irrelevant.

HIMSS Analytics Ambulatory EMR Adoption Model Score
Enter your organization's Analytics Ambulatory Electronic Medical Record Adoption Model (Amb EMRAM) score provided by HIMSS for the reporting period. HIMSS Analytics EMRAM incorporates methodology and algorithms to automatically score hospitals in the HIMSS Analytics database relative to their EMR capabilities. Ranging from limited ancillary department systems through a paperless EMR environment, EMRAM scores provide peer comparisons for hospital organizations as they strategize their path to implementing a complete EMR and participation in an electronic health record (EHR). Scores range from 0 through 7.

HIMSS Analytics EMR Adoption Model Score
Enter your organization's Analytics Electronic Medical Record Adoption Model (EMRAM) score provided by HIMSS for the reporting period. HIMSS Analytics EMRAM incorporates methodology and algorithms to automatically score hospitals in the HIMSS Analytics database relative to their EMR capabilities. Ranging from limited ancillary department systems through a paperless EMR environment, EMRAM scores provide peer comparisons for hospital organizations as they strategize their path to implementing a complete EMR and participation in an electronic health record (EHR). Scores range from 0 through 7.

Hospitals Supported by Department
Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

Hosted Applications
The total number of hosted applications maintained and supported by the department. A hosted application is an Open Web App that has all of its resources (HTML, CSS, JavaScript, app manifest and so on) stored on a Web server, allowing users to receive a similar application functionality experience through their Web browsers as they would with desktop applications.

This is a component of Total Applications.

Interfaces
Total number of interfaces maintained by the department. Count each interface between two applications as one interface. Count bi-directional interfaces as two for each interface. A bi-directional interface transfers data in both directions between two applications.
**IT Budgeted Capital Expenditure Current Fiscal Year**

Total capital expenditure for assets related to information technology and supported by this department budgeted in the current fiscal year.

**IT Capital Expenditure**

Total capital expenditure related to information technology and supported by this department during the reporting period.

This is a subset of Total Facility Capital Expenditure.

**Major Applications**

Total major applications for which the department has responsibility. Major applications are mission-critical applications for the entire facility or key departments. They typically are used by a large number of users within the facility. For additional assistance in collecting this information refer to the Information Technology Workload Worksheet located on the Support Page of ActionOI.

This is a subset of Total Applications.

**Major Projects**

Total number of formally managed major or large projects undertaken by department staff during the reporting period. A major project would be one requiring more than 140 effort hours in the period.

This is a subset of Active Projects.

**Midsize Projects**

Total number of formally managed midsize projects undertaken by department staff during the reporting period. A midsize project would be one requiring more than 40 effort hours but less than 140 effort hours in the period.

This is a subset of Active Projects.

**Miles Logged**

Total miles logged or traveled during the reporting period by department staff in support of external sites and remote locations supported.

**Network Infrastructure Objects**

Total pieces of network equipment (objects) maintained by the department during the reporting period. This includes but is not limited to: bridges, routers, switches, hubs, firewalls, ports, wireless access points and load balancers.
Platforms

Total number of operating system platforms maintained by the department. (i.e. IBM Unix, HP Unix E, and Microsoft XP would each count as one platform.)

Servers

Total number of servers defined as computers providing functions for other computers on the network, maintained by the department.

Size of Medical Staff Supported

Total number of individual physicians, mid level providers and allied health professionals supported by the department for the reporting period.

Size of Primary Care Medical Staff Supported

Total number of individual Primary Care physicians, mid level providers and allied health professionals supported by the department for the reporting period.

This is a subset of Size of Medical Staff Supported.

Small Projects

Total number of formally managed small or operational projects undertaken by department staff during the reporting period. A small project would be one requiring less than 40 effort hours in the period.

This is a subset of Active Projects.

Total Applications

Total existing applications for which the department has responsibility either directly or through vendor contracts. Count all applications that the department or vendors managed by the department is installing and maintaining and or supporting.

Total Facility Capital Expenditure

Total capital expenditure for all assets for the current reporting period.

Total IT Capital Expenditure Prior Fiscal Year

Total capital expenditure for assets related to information technology and supported by this department for the prior fiscal year.
**Total Users IT**

Total number of individuals for which the department directly, or through management of vendor contracts, provides application support, installation, enhancement and development; networking services; help desk functions; computer operations; hardware maintenance; and or training. A user is defined as an individual employee, employee of an affiliate, physician/provider, student, contracted agents, or volunteer who has authorized access to supported applications and can sign on to the network.

**Unscheduled Network Downtime**

Total number of hours that the network was down or unavailable, excluding scheduled downtime required for maintenance and/or upgrades. Report a portion of an hour as a decimal, for example 12 hours 15 minutes shall be reported as 12.25.

**Worked Hours: Trainer**

Total hours worked by staff who provide applications and or hardware training to the Information Technology department staff and or users in other areas of the organization.

This is a subset of Worked Hours: Staff.

**Enterprise Information Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Application Software Support**

Total hours worked by technical systems analyst and computer programming staff. The personnel do not support clinical applications.

This is a subset of Worked Hours: Staff.

**Worked Hours: Clinical Application Analyst**

Total hours worked by technical system staff who are dedicated to the management and support of the clinical applications for the organization. Some examples of clinical applications may be electronic health records (EHR), Emergency Department systems, Surgical Services systems, or Radiology systems.
This is a subset of Worked Hours: Staff.

**Worked Hours: Computer Operator**
Total hours worked by computer operation and report production staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Database Administrator**
Total hours worked by technical system staff who are dedicated to the management and support of various in-house maintained databases. Database Administrators identify data relationships and develop structures to support the database infrastructure.
This is a subset of Worked Hours: Staff.

**Worked Hours: Desktop Support Staff**
Total hours worked by technical system staff who are dedicated to supporting end-users with technical desktop issues. The Desktop Support Staff may resolve desktop PC issues, may provide in-person support, or track support issues through a monitored support tracking system for faculty and staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Hardware Support**
Total hours worked by hardware and PC support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Help Desk Staff**
Total hours worked by help desk staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Interface Related Staff**
Total hours of staff purely dedicated to interface engine-related work.
This is a subset of Worked Hours: Staff.
Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Network Support
Total hours worked by network support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Operating System and Software Support
Total hours worked by operating system and software support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Enterprise Information Services Expense Elements

Application Software License Maintenance Expense
Total expense for software license and maintenance fees for applications software. This includes, but is not limited to: clinical or operational comparative database license fees, patient satisfaction.
This is a subset of Other Direct Operating Expense.

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Environmental Software License Maintenance Expense**

License maintenance expense related to environmental software. This is software for environmental management, compliance, investigation, remediation, and the design, operation and maintenance of pollution control equipment.

This is a subset of Other Direct Operating Expense.

**Equipment Lease and Maintenance Expense**

Total expense for equipment leases and maintenance contracts.

This is a subset of Other Direct Operating Expense.

**Hardware Maintenance Expense**

Total expense for maintenance of hardware by outside contractors.

This is a subset of Equipment Lease and Maintenance Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.
**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

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**Training Expense**

Total expense for training for department staff. Do not report the cost of training of general staff outside of department.

This is a subset of Other Direct Operating Expense.

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**Enterprise Information Services Mandatory Elements**

The following data elements are mandatory for this department:

- Actual Users IT
- Devices Supported
- HIMSS Analytics EMR Adoption Model Score
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Applications
- Total Users IT
- Worked Hours: Staff

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**Enterprise Information Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Costs for subscriptions and license fees to databases
- Software training for department-specific computer software applications and/or systems, e.g., RIS for Imaging, OR management system for the Operating Room

- Software training for enterprise-wide computer software and applications, e.g., EMR, financial/budgeting tool

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- CIO (Chief Information Officer), Vice Presidents, Assistant Administrators and their support staff

- CMIO (Chief Medical Information Officer)

- Desktop Support, e.g., fixing second level issues unresolved by helpdesk, installing equipment, performing general maintenance and repair

- Help desk functions, e.g., responding to issues related to application and hardware support, the coordination of moves, user requests for equipment and network drops, replacement of end user devices

- Privacy Officer - activities related to the development, implementation, maintenance of, and adherence to policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws

- Software training for off-the-shelf products and applications, e.g., Microsoft Office

- Telecommunication/Voice and Data Network functions, operations and maintenance activities and expenses, including VOIP expenses

**05520, Voice and Data Network**

This department designs, deploys, and supports the hardware and software required to enable transmission and exchange of data and information between computers and systems throughout and from the facility or facilities supported. Data includes voice, images, video, text files, physiologic values from medical devices, and other data types. Network and the management and implementation of the cabling infrastructure would be included here (i.e. network engineers and network equipment). Functions would include, but are not limited to, computer and telephone networks, the Internet, VOIP (Voice over IP), Wireless Networks, Bluetooth technology, Wide Area Network (WAN), Local Area Network (LAN), Metropolitan Area Network (MAN), Email and Instant Messaging, Cellular Services, and Teleconferencing Services. Do not include "tele-medicine" program, staff and or expenses.

**Voice and Data Network Department Mapping Guidelines**

Do not include Call Center / Switchboard functions. If the cost center(s) mapped here performs Call center or switchboard functions, they will need to be reported under the 05530, Call Center / Switchboard department in the normalized view.
Voice and Data Network Workload Volumes

Active Network Ports (Lines)
Enter the total number of active network ports/lines maintained by the department during the reporting period. An active network port (or "network interface") may be a modem, Ethernet, AirPort / WiFi card, or other device used to connect to the network.

This is a subset of Network Ports (Lines) Maintained.

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Bring-Your-Own Devices Supported
Enter the total number of 'bring-your-own' supported by the department during the reporting period. Bring-your-own devices are personally owned mobile devices (i.e. laptops, notebooks, tablets, and smart phones) brought to the workplace to use those devices to access privileged company information and applications. Do not include smartphones in this element as they should be counted under Wireless Communication Devices.

This is a subset of Telecommunication Devices.

External Sites Supported by Department
Total number of separate and discrete sites that are not located on the hospital campus (e.g., Ambulatory Care Centers, Outpatient Clinics, Physician Practices/Medical Group Offices, etc.) but which are supported by the department during the reporting period. For a site to qualify, the department should perform at least 80% of the relevant workload required by the site.

Facilities Supported by Department
Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Hospitals Supported by Department
Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.
This is a subset of Facilities Supported by Department.

**Network Ports (Lines) Maintained**

Total number of network ports/lines maintained by the department during the reporting period. The number of lines is generally available from your PBX (or similar system) reporting module.

**Size of Medical Staff Supported**

Total number of individual physicians, mid level providers and allied health professionals supported by the department for the reporting period.

**Telecommunication Devices**

Total number of telecom devices maintained by the facility. A count of telephone extensions, cell phones, wireless phones, smart phones, tablets, fax machines, and other voice carrying devices are to be included. Count devices as of the last day of the reporting quarter. Exclude pagers.

**Traditional Beepers/Pagers**

Total number of beepers, including alpha enabled, maintained by the department. Do not include cellphones/smartphones or tablets being used in place of the traditional beeper/pager.

**Traditional Hardwired Phones**

Enter the total number of hard-wired telephones maintained by the department for the reporting period. A traditional hard-wired phone (a.k.a. plain ordinary telephone service, or POTS) relies on terrestrial-based cables running to specific locations through the telecommunications networks in place to connect the call from its source phone to its endpoint. Traditional hard-wired landline phone services utilize twisted copper wires as the core of the cables that transmit the voice information, though newer, higher quality conduits such as coaxial and fiber-optic cable are also used in certain areas with certain providers.

This is a subset of Telecommunication Devices.

**Voice Over Internet Protocol (VOIP) Phones**

Enter the total number of voice over internet protocol (VOIP) phones in use during the reporting period. A VoIP phone or IP Phone uses Voice over IP (Voice over Internet Protocol - VoIP) technologies for placing and transmitting telephone calls over an IP network, such as the Internet, instead of the traditional public switched telephone network (PSTN).

This is a subset of Telecommunication Devices.
Wireless Communication Devices

Enter the total number of wireless communication devices supported by the department during the reporting period. A wireless communication device is a device that can make and receive telephone calls over a radio link while moving around a wide geographic area by connecting to a cellular network provided by a mobile phone operator, allowing access to the public telephone network. This includes, but is not limited to, cellphones, mobile phones, smartphones, and handsfree badges.

This is a subset of Telecommunication Devices.

Voice and Data Network Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Switchboard Operator**

Total hours worked by switchboard operator staff.

This is a subset of Worked Hours: Staff.

**Worked Hours - Telecommunications Analyst**

Total hours worked by telecommunications analyst staff.

This is a subset of Worked Hours: Staff.

**Worked Hours - Telecommunications Technician**

Total hours worked by telecommunications technician staff.

This is a subset of Worked Hours: Staff.

**Voice and Data Network Expense Elements**

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Equipment Lease and Maintenance Expense**

Total expense for equipment leases and maintenance contracts.

This is a subset of Other Direct Operating Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Supply Expense

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

Telecommunication Device Expense

Total expense of telecommunication devices maintained by the facility including but not limited to the cost of telephone extensions, cell phones, wireless phones, fax machines, and other voice carrying devices. Exclude pagers.

This is a subset of Other Direct Operating Expense.

Telecommunication Utility Expense

Total expense for telecommunications usage charges paid to an outside vendor, including voice over internet protocol (VOIP) charges.

This is a subset of Other Direct Operating Expense.

Training Expense

Total expense for training for department staff. Do not report the cost of training of general staff outside of department.
This is a subset of Other Direct Operating Expense.

**Voice and Data Networks Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Telecommunication Devices
- Worked Hours: Staff

**Voice and Data Network Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Telecommunication/Voice and Data Network functions, operations and maintenance activities and expenses, including VOIP expenses

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Dispatch services associated with Ground Transport
- Helicopter and Fixed Wing Aircraft Dispatch Services
- Information Desk
- Nurse call system operations and maintenance
- Physician services such as answering service, message service or dictation services
05530, Call Center / Switchboard

This department is responsible for the call center and switchboard operations. Functions include, but are not limited to: answering incoming calls, facilitating internal/external calls and transfers, overhead paging, providing general information (i.e. providing phone numbers, giving directions to the hospital and hospital-related events, relaying information about meetings), monitoring alarms, maintaining call schedules, calling and documenting all codes. Staff in this department (i.e. Operators) provide a customer service function.

Call Center / Switchboard Mapping Guidelines

If your cost center performs telecommunications or voice and data network functions, this may not be an appropriate choice. Another option might be the 05520, Voice and Data Network department.

Call Center / Switchboard Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Codes Facilitated

Report the total number of codes facilitated by the department during the reporting period.

External Sites Supported by Department

Total number of separate and discrete sites that are not located on the hospital campus (e.g., Ambulatory Care Centers, Outpatient Clinics, Physician Practices/Medical Group Offices, etc.) but which are supported by the department during the reporting period. For a site to qualify, the department should perform at least 80% of the relevant workload required by the site.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.
Hospitals Supported by Department

Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

Incoming Calls Received

The total incoming telephone calls received for the reporting period. Do not include calls processed through automatic routing that does not require department staff assistance. Use an actual count if maintained. Otherwise, you may project the total for the reporting period based on studies taken on several representative days. Be sure studies allow for variations of call activity by shift and weekday/weekend.

Internal Calls Facilitated

Report the total number of internal calls facilitated by the department during the reporting period.

Switchboard Stations

The total switchboard console stations assigned to department staff. The switchboard consoles service the telecommunications needs of the facility (i.e. receiving, routing and directing internal and external calls). Typically, a console will provide access.

Traditional Beepers/Pagers

Total number of beepers, including alpha enabled, maintained by the department. Do not include cellphones/smartphones or tablets being used in place of the traditional beeper/pager.

Call Center / Switchboard Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Switchboard Operator**

Total hours worked by switchboard operator staff.

This is a subset of Worked Hours: Staff.

**Call Center / Switchboard Expense Elements**

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Equipment Lease and Maintenance Expense**

Total expense for equipment leases and maintenance contracts.
This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Telecommunication Utility Expense**

Total expense for telecommunications usage charges paid to an outside vendor, including voice over internet protocol (VOIP) charges.

This is a subset of Other Direct Operating Expense.

**Call Center / Switchboard Mandatory Elements**

The following data elements are mandatory for this department:

- Contract Labor Expense
- Incoming Calls Received
- Labor Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Supply Expense
• Worked Hours: Staff

**Call Center / Switchboard Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Dispatch services associated with Ground Transport
• Helicopter and Fixed Wing Aircraft Dispatch Services
• Help desk functions (i.e. responding to issues related to application and hardware support, the coordination of moves, user requests for equipment and network drops, replacement of end user devices, etc.)
• Information Desk
• Mail Room
• Patient reception, e.g., greeting, checking in of patients, answering phone calls
• Registration Desk

**05540, Telecom Switchboard Combined**

This department operates systems for receiving and transmitting voice and video throughout and from the facility or facilities supported along with the responsibility for the switchboard operations including but not limited to answering all incoming hospital calls and directing them to their desired locations.

**Telecom Switchboard Combined Department Mapping Guidelines**

Attention: This department will become obsolete as part of Phase 2 of the Comprehensive Content Review (CCR) project for Information Technology. If you currently map to this department, please review the updates to the other departments within this series and remap your cost center(s) accordingly.
Telecom Switchboard Combined Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Hospitals Supported by Department

Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

Incoming Calls Received

The total incoming telephone calls received for the reporting period. Do not include calls processed through automatic routing that does not require department staff assistance. Use an actual count if maintained. Otherwise, you may project the total for the reporting period based on studies taken on several representative days. Be sure studies allow for variations of call activity by shift and weekday/weekend.

Network Ports (Lines) Maintained

Total number of network ports/lines maintained by the department during the reporting period. The number of lines is generally available from your PBX (or similar system) reporting module.

Switchboard Stations

Total switchboard console stations assigned to department staff.

Telecommunication Devices

Total number of telecom devices maintained by the facility. A count of telephone extensions, cell phones, wireless phones, fax machines, and other voice carrying devices are to be included. Count devices as of the last day of the reporting quarter. Exclude pagers.
Traditional Beepers/Pagers
Total number of beepers, including alpha enabled, maintained by the department. Do not include cellphones/smartphones or tablets being used in place of the traditional beeper/pager.

Telecom Switchboard Combined Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Switchboard Operator

Total hours worked by switchboard operator staff.

This is a subset of Worked Hours: Staff.

Worked Hours - Telecommunications Analyst

Total hours worked by telecommunications analyst staff.

This is a subset of Worked Hours: Staff.

Worked Hours - Telecommunications Technician

Total hours worked by telecommunications technician staff.

This is a subset of Worked Hours: Staff.

Telecom Switchboard Combined Expense Elements

Contract Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

Equipment Lease and Maintenance Expense

Total expense for equipment leases and maintenance contracts.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Supply Expense

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

Telecommunication Device Expense

Total expense of telecommunication devices maintained by the facility including but not limited to the cost of telephone extensions, cell phones, wireless phones, fax machines, and other voice carrying devices. Exclude pagers.

This is a subset of Other Direct Operating Expense.

Telecommunication Utility Expense

Total expense for telecommunications usage charges paid to an outside vendor, including voice over internet protocol (VOIP) charges.

This is a subset of Other Direct Operating Expense.

Training Expense

Total expense for training for department staff. Do not report the cost of training of general staff outside of department.

This is a subset of Other Direct Operating Expense.

Telecom Switchboard Combined Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Telecommunication Devices
- Telecommunication Devices Expense
- Worked Hours: Staff

**Telecom Switchboard Combined Normalizations**

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Dispatch services associated with Ground Transport
- Helicopter and Fixed Wing Aircraft Dispatch Services
- Information Desk
- Mail Room
- Nurse call system operations and maintenance
- Patient reception, e.g., greeting, checking in of patients, answering phone calls
- Physician services such as answering service, message service or dictation services
- Registration Desk

**05550, Informatics**

This department provides liaison services between information technology and clinical end-users, including needs assessment and translation to functional requirements, human change management, usability evaluation, and workflow-driven design of systems, through employment of the expert knowledge, methods, and tools to bridge technology-clinical gaps and to ensure optimal clinical user adoption of safe, effective, efficient information technologies that support and improve the care outcomes of patients and health of populations. Also responsible for identifying and coordinating integration of clinical and financial data across the enterprise for direct care, teaching, and research uses. It consists of nurses (Nurse Champions), medical technologists, and other clinically trained disciplines who work with health information system end users to integrate information technology with clinical workflow. Performs assessment and analysis regarding system evaluation, acquisition, implementation, upgrades and change. It includes ‘decentralized’ IT functions including Lab IT, Pharmacy IT and Radiology IT.
Informatics Department Workload Volumes

Active Projects

Total number of formally managed projects undertaken by department staff during the reporting period. A formally managed project involves time spent by the department staff in initiating, planning, executing, controlling and monitoring of projects during the reporting period.

Actual Users IT

Total number of actual authorized individual users that signed on to the network within the reporting period. Each user is counted once during the reporting period regardless of the number of sign-ons during the period. Individuals with multiple user IDs and who may have signed on to the network using one or more of authorized user IDs should be counted once.

This is a subset of Total Users IT.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

External Sites Supported by Department

Total number of separate and discrete sites that are not located on the hospital campus (e.g., Ambulatory Care Centers, Outpatient Clinics, Physician Practices/Medical Group Offices, etc.) but which are supported by the department during the reporting period. For a site to qualify, the department should perform at least 80% of the relevant workload required by the site.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.
HIMSS Analytics Ambulatory EMR Adoption Model Score

Enter your organization's Analytics Ambulatory Electronic Medical Record Adoption Model (Amb EMRAM) score provided by HIMSS for the reporting period. HIMSS Analytics EMRAM incorporates methodology and algorithms to automatically score hospitals in the HIMSS Analytics database relative to their EMR capabilities. Ranging from limited ancillary department systems through a paperless EMR environment, EMRAM scores provide peer comparisons for hospital organizations as they strategize their path to implementing a complete EMR and participation in an electronic health record (EHR). Scores range from 0 through 7.

HIMSS Analytics EMR Adoption Model Score

Enter your organization's Analytics Electronic Medical Record Adoption Model (EMRAM) score provided by HIMSS for the reporting period. HIMSS Analytics EMRAM incorporates methodology and algorithms to automatically score hospitals in the HIMSS Analytics database relative to their EMR capabilities. Ranging from limited ancillary department systems through a paperless EMR environment, EMRAM scores provide peer comparisons for hospital organizations as they strategize their path to implementing a complete EMR and participation in an electronic health record (EHR). Scores range from 0 through 7.

Hospitals Supported by Department

Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

Major Projects

Total number of formally managed major or large projects undertaken by department staff during the reporting period. A major project would be one requiring more than 140 effort hours in the period.

This is a subset of Active Projects.

Midsize Projects

Total number of formally managed midsize projects undertaken by department staff during the reporting period. A midsize project would be one requiring more than 40 effort hours but less than 140 effort hours in the period.

This is a subset of Active Projects.

Miles Logged

Total miles logged or traveled during the reporting period by department staff in support of external sites and remote locations supported.
Size of Medical Staff Supported

Total number of individual physicians, mid level providers and allied health professionals supported by the department for the reporting period.

Size of Primary Care Medical Staff Supported

Total number of individual Primary Care physicians, mid level providers and allied health professionals supported by the department for the reporting period.

This is a subset of Size of Medical Staff Supported.

Small Projects

Total number of formally managed small or operational projects undertaken by department staff during the reporting period. A small project would be one requiring less than 40 effort hours in the period.

This is a subset of Active Projects.

Total Users IT

Total number of individuals for which the department directly, or through management of vendor contracts, provides application support, installation, enhancement and development; networking services; help desk functions; computer operations; hardware maintenance; and or training. A user is defined as an individual employee, employee of an affiliate, physician/provider, student, contracted agents, or volunteer who has authorized access to supported applications and can sign on to the network.

Informatics Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Application Analyst

Total hours worked by technical system staff who are dedicated to the management and support of the clinical applications for the organization. Some examples of clinical applications may be electronic health records (EHR), Emergency Department systems, Surgical Services systems, or Radiology systems.

This is a subset of Worked Hours: Staff.
Worked Hours: Database Administrator

Total hours worked by technical system staff who are dedicated to the management and support of various in-house maintained databases. Database Administrators identify data relationships and develop structures to support the database infrastructure.

This is a subset of Worked Hours: Staff.

Worked Hours: Interface Related Staff

Total hours of staff purely dedicated to interface engine-related work.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Switchboard Operator**

Total hours worked by switchboard operator staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Trainer**

Total hours worked by staff who provide applications and or hardware training to the Information Technology department staff and or users in other areas of the organization.

This is a subset of Worked Hours: Staff.

**Informatics Expense Elements**

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Supply Expense

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

Training Expense

Total expense for training for department staff. Do not report the cost of training of general staff outside of department.

This is a subset of Other Direct Operating Expense.

Informatics Mandatory Elements

The following data elements are mandatory for this department:

- Actual Users IT
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Users IT
- Worked Hours: Staff

Informatics Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Lab Informatics (focusing on the application of information through a platform of instruments, software, and data mgmt tools that allow scientific data to be captured, migrated, processed, and interpreted for immediate use)

• Nursing Informatics (integration of nursing science, computer science and information science to manage and communicate data/information and knowledge/wisdom in nursing and informatics essential to the delivery of high quality, cost-effective care)

• Pharmacy Informatics (focusing on medication-related data and knowledge in the delivery of optimal medication-related patient care and health outcomes; including its acquisition, storage, analysis, use and dissemination)

• Radiology /Imaging Informatics (focuses on optimally accessing and using images, knowledge, and data associated with images in clinical care while aiming to improve the efficiency, accuracy, usability and reliability of imaging services)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Research Informatics (the use of informatics in the discovery and management of new knowledge relating to health and disease; the mgmt of info related to clinical trials and informatics related to secondary research use of clinical data)

05560, Help Desk and Desktop Support

This department is responsible for managing the enterprise-wide technical help desk and provides end user desktop support and maintenance. Help desk functions include, but are not limited to, responding to issues related to application and hardware support, the coordination of moves, user requests for equipment and network drops, and replacement of end user devices. Desktop support functions include, but are not limited to, fixing second level issues unresolved by helpdesk, installing equipment, performing general maintenance and repair.

Help Desk and Desktop Support Workload Volumes

This department is responsible for managing the enterprise-wide technical help desk and provides end user desktop support and maintenance. Help desk functions include, but are not limited to, responding to issues related to application and hardware support, the coordination of moves, user requests for equipment and network drops, and replacement of end user devices. Desktop support functions include, but are not limited to, fixing second level issues unresolved by helpdesk, installing equipment, performing general maintenance and repair.
Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Call Waiting Time
Enter the average time a customer waited before speaking to a customer service representative for the reporting period. This is also known as 'average speed of answer' and includes delay time, queue time, and ring time. To calculate, take the sum of the time that all incoming calls waited before being answered divided by the sum of all incoming calls. Enter the resulting average call waiting time in minutes.

Average Time to Close
Enter the average time to close the requests received during the reporting period. This is also known as 'handle time' and is the time spent from the call being answered by the agent to the time the agent completed after-call work time for the call. This includes any hold time, talk time, and work time associated with the call/request. To calculate, take the sum of handle time for all incoming calls divided by the sum of all incoming calls. Enter the resulting average time to close in minutes.

External Sites Supported by Department
Total number of separate and discrete sites that are not located on the hospital campus (e.g., Ambulatory Care Centers, Outpatient Clinics, Physician Practices/Medical Group Offices, etc.) but which are supported by the department during the reporting period. For a site to qualify, the department should perform at least 80% of the relevant workload required by the site.

Facilities Supported by Department
Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Help Desk Requests Received
The total number of requests received for IT support received by this department during the reporting period. Method of contact may include calls, voicemails, email, etc. The length of time to process/complete each request is irrelevant.

Help Desk Requests Resolved
The total number of help desk requests resolved by staff in this department during the reporting period. The length of time to resolve each request is irrelevant.
**Hospitals Supported by Department**

Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

**Size of Medical Staff Supported**

Total number of individual physicians, mid level providers and allied health professionals supported by the department for the reporting period.

**Size of Primary Care Medical Staff Supported**

Total number of individual Primary Care physicians, mid level providers and allied health professionals supported by the department for the reporting period.

This is a subset of Size of Medical Staff Supported.

**System Change Requests**

The total number of system change requests received by this department during the reporting period. Method of contact may include calls, voicemails, email, etc. The length of time to process/complete each request is irrelevant.

**Help Desk and Desktop Support Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Desktop Support Staff**

Total hours worked by technical system staff who are dedicated to supporting end-users with technical desktop issues. The Desktop Support Staff may resolve desktop PC issues, may provide in-person support, or track support issues through a monitored support tracking system for faculty and staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Help Desk Staff**

Total hours worked by help desk staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Help Desk and Desktop Support Expense Elements**

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Equipment Lease and Maintenance Expense**

Total expense for equipment leases and maintenance contracts.
This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Help Desk and Desktop Support Mandatory Elements**

The following data elements are mandatory for this department:

- Help Desk Requests Received
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff
Help Desk and Desktop Support Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Desktop Support, e.g., fixing second level issues unresolved by helpdesk, installing equipment, performing general maintenance and repair

- Help desk functions (i.e. responding to issues related to application and hardware support, the coordination of moves, user requests for equipment and network drops, replacement of end user devices, etc.)

F5500, Information Technology and Telecommunications Functional Rollup

This rollup department includes all cost centers that are mapped to the following profiles: Enterprise Information Services, Voice and Data Network, Informatics, Help Desk and Desktop Support, and the Generic Other IT Services. Call center/Switchboard is no longer included in this rollup department.

IT and Telecommunications Functional Rollup Mapping Guidelines

Call center/Switchboard is no longer included in this rollup department.

IT and Telecommunications Functional Rollup Workload Volumes

Active Network Ports (Lines)

Enter the total number of active network ports/lines maintained by the department during the reporting period. An active network port (or “network interface”) may be a modem, Ethernet, AirPort/WiFi card, or other device used to connect to the network.

This is a subset of Network Ports (Lines) Maintained.

Active Projects

Total number of formally managed projects undertaken by department staff during the reporting period. A formally managed project involves time spent by the department staff in initiating, planning, executing, controlling and monitoring of projects during the reporting period.
**Actual Users IT**

Total number of actual authorized individual users that signed on to the network within the reporting period. Each user is counted once during the reporting period regardless of the number of sign-ons during the period. Individuals with multiple user IDs and who may have signed on to the network using one or more of authorized user IDs should be counted once.

This is a subset of Total Users IT.

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Application Capital Expenditure**

Total capital expenditure for applications and development related to information technology and supported by this department for the current reporting period.

This is a subset of IT Capital Expenditures.

**Bring-Your-Own Devices Supported**

Enter the total number of 'bring-your-own' supported by the department during the reporting period. Bring-your-own devices are personally owned mobile devices (i.e. laptops, notebooks, tablets, and smart phones) brought to the workplace to use those devices to access privileged company information and applications. Do not include smartphones in this element as they should be counted under Wireless Communication Devices.

This is a subset of Telecommunication Devices.

**Devices integrated into EMR/EHR**

Total number of devices integrated into the electronic medical record/electronic health record system supported by the department. Device integration typically refers to the integration of medical devices with hospital information systems, which can facilitate a multitude of functions, including automated clinical documentation, alarm management and notification, remote surveillance, and data aggregation for retrospective review and analysis. Examples include, but are not limited to, infusion pumps, heart monitors, etc.

This is a subset of Devices Supported.
Devices Supported

Total number of devices (e.g., workstations, printers, handheld devices, laptops, medical devices integrated with EHR) supported by the department. Exclude cell phones, personal digital assistants (PDAs), Blackberries, and other handheld mobile devices from this count.

End User Computing Devices

Total number of personal computers supported by the department during the reporting period. This would include, but is not limited to, personal computers/desktops, laptops, notebooks, tablets/iPads, and thin clients.

This is a subset of Devices Supported.

External Sites Supported by Department

Total number of separate and discrete sites that are not located on the hospital campus (e.g., Ambulatory Care Centers, Outpatient Clinics, Physician Practices/Medical Group Offices, etc.) but which are supported by the department during the reporting period. For a site to qualify, the department should perform at least 80% of the relevant workload required by the site.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Hardware Capital Expenditure

Total capital expenditure for hardware related to information technology and supported by this department for the current reporting period.

This is a subset of IT Capital Expenditures.

Help Desk Requests Received

The total number of requests received for IT support received by this department during the reporting period. Method of contact may include calls, voicemails, email, etc. The length of time to process/complete each request is irrelevant.

Help Desk Requests Resolved

The total number of help desk requests resolved by staff in this department during the reporting period. The length of time to resolve each request is irrelevant.
**HIMSS Analytics Ambulatory EMR Adoption Model Score**

Enter your organization’s Analytics Ambulatory Electronic Medical Record Adoption Model (Amb EMRAM) score provided by HIMSS for the reporting period. HIMSS Analytics EMRAM incorporates methodology and algorithms to automatically score hospitals in the HIMSS Analytics database relative to their EMR capabilities. Ranging from limited ancillary department systems through a paperless EMR environment, EMRAM scores provide peer comparisons for hospital organizations as they strategize their path to implementing a complete EMR and participation in an electronic health record (EHR). Scores range from 0 through 7.

**HIMSS Analytics EMR Adoption Model Score**

Enter your organization’s Analytics Electronic Medical Record Adoption Model (EMRAM) score provided by HIMSS for the reporting period. HIMSS Analytics EMRAM incorporates methodology and algorithms to automatically score hospitals in the HIMSS Analytics database relative to their EMR capabilities. Ranging from limited ancillary department systems through a paperless EMR environment, EMRAM scores provide peer comparisons for hospital organizations as they strategize their path to implementing a complete EMR and participation in an electronic health record (EHR). Scores range from 0 through 7.

**Hospitals Supported by Department**

Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

**Hosted Applications**

The total number of hosted applications maintained and supported by the department. A hosted application is an Open Web App that has all of its resources (HTML, CSS, JavaScript, app manifest and so on) stored on a Web server, allowing users to receive a similar application functionality experience through their Web browsers as they would with desktop applications.

This is a component of Total Applications.

**Interfaces**

Total number of interfaces maintained by the department. Count each interface between two applications as one interface. Count bi directional interfaces as two for each interface. A bi directional interface transfers data in both directions between two applications.

**IT Budgeted Capital Expenditure Current Fiscal Year**

Total capital expenditure for assets related to information technology and supported by this department budgeted in the current fiscal year.
IT Capital Expenditure

Total capital expenditure related to information technology and supported by this department during the reporting period.

This is a subset of Total Facility Capital Expenditure.

Major Applications

Total major applications for which the department has responsibility. Major applications are mission-critical applications for the entire facility or key departments. They typically are used by a large number of users within the facility. For additional assistance in collecting this information refer to the Information Technology Workload Worksheet located on the Support Page of ActionOI.

This is a subset of Total Applications.

Major Projects

Total number of formally managed major or large projects undertaken by department staff during the reporting period. A major project would be one requiring more than 140 effort hours in the period.

This is a subset of Active Projects.

Midsize Projects

Total number of formally managed midsize projects undertaken by department staff during the reporting period. A midsize project would be one requiring more than 40 effort hours but less than 140 effort hours in the period.

This is a subset of Active Projects.

Network Infrastructure Objects

Total pieces of network equipment (objects) maintained by the department during the reporting period. This includes but is not limited to: bridges, routers, switches, hubs, firewalls, ports, wireless access points and load balancers.

Network Ports (Lines) Maintained

Total number of network ports/lines maintained by the department during the reporting period. The number of lines is generally available from your PBX (or similar system) reporting module.

Platforms

Total number of operating system platforms maintained by the department. (i.e. IBM Unix, HP Unix E, and Microsoft XP would each count as one platform.)
**Servers**

Total number of servers defined as computers providing functions for other computers on the network, maintained by the department.

**Size of Medical Staff Supported**

Total number of individual physicians, mid level providers and allied health professionals supported by the department for the reporting period.

**Size of Primary Care Medical Staff Supported**

Total number of individual Primary Care physicians, mid level providers and allied health professionals supported by the department for the reporting period.

This is a subset of Size of Medical Staff Supported.

**Small Projects**

Total number of formally managed small or operational projects undertaken by department staff during the reporting period. A small project would be one requiring less than 40 effort hours in the period.

This is a subset of Active Projects.

**System Change Requests**

The total number of system change requests received by this department during the reporting period. Method of contact may include calls, voicemails, email, etc. The length of time to process/complete each request is irrelevant.

**Telecommunication Devices**

Total number of telecom devices maintained by the facility. A count of telephone extensions, cell phones, wireless phones, smart phones, tablets, fax machines, and other voice carrying devices are to be included. Count devices as of the last day of the reporting quarter. Exclude pagers.

**Total Applications**

Total existing applications for which the department has responsibility either directly or through vendor contracts. Count all applications that the department or vendors managed by the department is installing and maintaining and or supporting.

**Total Facility Capital Expenditure**

Total capital expenditure for all assets for the current reporting period.
Total IT Capital Expenditure Prior Fiscal Year

Total capital expenditure for assets related to information technology and supported by this department for the prior fiscal year.

Total Users IT

Total number of individuals for which the department directly, or through management of vendor contracts, provides application support, installation, enhancement and development; networking services; help desk functions; computer operations; hardware maintenance; and or training. A user is defined as an individual employee, employee of an affiliate, physician/provider, student, contracted agents, or volunteer who has authorized access to supported applications and can sign on to the network.

Traditional Beepers/Pagers

Total number of beepers, including alpha enabled, maintained by the department. Do not include cellphones/smartphones or tablets being used in place of the traditional beeper/pager.

Traditional Hardwired Phones

Enter the total number of hard-wired telephones maintained by the department for the reporting period. A traditional hard-wired phone (a.k.a. plain ordinary telephone service, or POTS) relies on terrestrial-based cables running to specific locations through the telecommunications networks in place to connect the call from its source phone to its endpoint. Traditional hard-wired landline phone services utilize twisted copper wires as the core of the cables that transmit the voice information, though newer, higher quality conduits such as coaxial and fiber-optic cable are also used in certain areas with certain providers.

This is a subset of Telecommunication Devices.

Unscheduled Network Downtime

Total number of hours that the network was down or unavailable, excluding scheduled downtime required for maintenance and/or upgrades. Report a portion of an hour as a decimal, for example 12 hours 15 minutes shall be reported as 12.25.

Voice Over Internet Protocol (VOIP) Phones

Enter the total number of voice over internet protocol (VOIP) phones in use during the reporting period. A VoIP phone or IP Phone uses Voice over IP (Voice over Internet Protocol - VoIP) technologies for placing and transmitting telephone calls over an IP network, such as the Internet, instead of the traditional public switched telephone network (PSTN).

This is a subset of Telecommunication Devices.
Wireless Communication Devices

Enter the total number of wireless communication devices supported by the department during the reporting period. A wireless communication device is a device that can make and receive telephone calls over a radio link while moving around a wide geographic area by connecting to a cellular network provided by a mobile phone operator, allowing access to the public telephone network. This includes, but is not limited to, cellphones, mobile phones, smartphones, and handsfree badges.

This is a subset of Telecommunication Devices.

IT and Telecommunications Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Application Software Support

Total hours worked by technical systems analyst and computer programming staff. The personnel do not support clinical applications.

This is a subset of Worked Hours: Staff.

Worked Hours: Clinical Application Analyst

Total hours worked by technical system staff who are dedicated to the management and support of the clinical applications for the organization. Some examples of clinical applications may be electronic health records (EHR), Emergency Department systems, Surgical Services systems, or Radiology systems.

This is a subset of Worked Hours: Staff.

Worked Hours: Computer Operator

Total hours worked by computer operation and report production staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Database Administrator

Total hours worked by technical system staff who are dedicated to the management and support of various in-house maintained databases. Database Administrators identify data relationships and develop structures to support the database infrastructure.

This is a subset of Worked Hours: Staff.

Worked Hours: Desktop Support Staff

Total hours worked by technical system staff who are dedicated to supporting end-users with technical desktop issues. The Desktop Support Staff may resolve desktop PC issues, may provide in-person support, or track support issues through a monitored support tracking system for faculty and staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Hardware Support

Total hours worked by hardware and PC support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Help Desk Staff

Total hours worked by help desk staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Interface Related Staff

Total hours of staff purely dedicated to interface engine-related work.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Network Support

Total hours worked by network support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Operating System and Software Support**

Total hours worked by operating system and software support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Switchboard Operator**

Total hours worked by switchboard operator staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Hours worked by Registered Radiology Technologists.
This is a subset of Worked Hours: Staff.

**Worked Hours - Telecommunications Analyst**

Total hours worked by telecommunications analyst staff.

This is a subset of Worked Hours: Staff.

**Worked Hours - Telecommunications Technician**

Total hours worked by telecommunications technician staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Trainer**

Total hours worked by staff who provide applications and or hardware training to the Information Technology department staff and or users in other areas of the organization.

This is a subset of Worked Hours: Staff.

**IT and Telecommunications Functional Rollup Expense Elements**

**Application Software License Maintenance Expense**

Total expense for software license and maintenance fees for applications software. This includes, but is not limited to: clinical or operational comparative database license fees, patient satisfaction.

This is a subset of Other Direct Operating Expense.

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Environmental Software License Maintenance Expense**

License maintenance expense related to environmental software. This is software for environmental management, compliance, investigation, remediation, and the design, operation and maintenance of pollution control equipment.

This is a subset of Other Direct Operating Expense.
**Equipment Lease and Maintenance Expense**

Total expense for equipment leases and maintenance contracts.

This is a subset of Other Direct Operating Expense.

**Hardware Maintenance Expense**

Total expense for maintenance of hardware by outside contractors.

This is a subset of Equipment Lease and Maintenance Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Telecommunication Devices Expense**

Total expense of telecommunication devices maintained by the facility including but not limited to the cost of telephone extensions, cell phones, wireless phones, fax machines, and other voice carrying devices. Exclude pagers.
Telecommunication Utility Expense

Total expense for telecommunications usage charges paid to an outside vendor, including voice over internet protocol (VOIP) charges.

This is a subset of Other Direct Operating Expense.

Training Expense

Total expense for training for department staff. Do not report the cost of training of general staff outside of department.

This is a subset of Other Direct Operating Expense.

IT and Telecommunications Functional Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Actual Users IT
- Devices Supported
- Labor Expense
- Major Applications
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Telecommunication Devices
- Total Applications
- Total Users IT
- Worked Hours: Staff

G5500, Other Information Technology Services

This generic department includes all cost centers belonging to Information Technology that cannot be mapped to individual information technology or telecommunications departments.
Other Information Technology Services Workload Volumes

Actual Users IT

Total number of actual authorized individual users that signed on to the network within the reporting period. Each user is counted once during the reporting period regardless of the number of sign-ons during the period. Individuals with multiple user IDs and who may have signed on to the network using one or more of authorized user IDs should be counted once.

This is a subset of Total Users IT.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Devices Supported

Total number of devices (e.g., workstations, printers, handheld devices, laptops, medical devices integrated with EHR) supported by the department. Exclude cell phones, personal digital assistants (PDAs), Blackberries, and other handheld mobile devices from this count.

End User Computing Devices

Total number of personal computers supported by the department during the reporting period. This would include, but is not limited to, personal computers/desktops, laptops, notebooks, tablets/iPads, and thin clients.

This is a subset of Devices Supported.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Help Desk Requests Received

The total number of requests received for IT support received by this department during the reporting period. Method of contact may include calls, voicemails, email, etc. The length of time to process/complete each request is irrelevant.
**Hospitals Supported by Department**

Total number of hospitals supported by the department. To qualify as a separate entity, the organization must have a separate Medicare ID number.

This is a subset of Facilities Supported by Department.

**Interfaces**

Total number of interfaces maintained by the department. Count each interface between two applications as one interface. Count bi-directional interfaces as two for each interface. A bi-directional interface transfers data in both directions between two applications.

**Major Applications**

Total major applications for which the department has responsibility. Major applications are mission-critical applications for the entire facility or key departments. They typically are used by a large number of users within the facility. For additional assistance in collecting this information refer to the Information Technology Workload Worksheet located on the Support Page of ActionOI.

This is a subset of Total Applications.

**Network Infrastructure Objects**

Total pieces of network equipment (objects) maintained by the department during the reporting period. This includes but is not limited to: bridges, routers, switches, hubs, firewalls, ports, wireless access points and load balancers.

**Network Ports (Lines) Maintained**

Total number of network ports/lines maintained by the department during the reporting period. The number of lines is generally available from your PBX (or similar system) reporting module.

**Platforms**

Total number of operating system platforms maintained by the department. (i.e. IBM Unix, HP Unix E, and Microsoft XP would each count as one platform.)

**Servers**

Total number of servers defined as computers providing functions for other computers on the network, maintained by the department.
Telecommunication Devices

Total number of telecom devices maintained by the facility. A count of telephone extensions, cell phones, wireless phones, smart phones, tablets, fax machines, and other voice carrying devices are to be included. Count devices as of the last day of the reporting quarter. Exclude pagers.

Total Applications

Total existing applications for which the department has responsibility either directly or through vendor contracts. Count all applications that the department or vendors managed by the department is installing and maintaining and or supporting.

Total Users IT

Total number of individuals for which the department directly, or through management of vendor contracts, provides application support, installation, enhancement and development; networking services; help desk functions; computer operations; hardware maintenance; and or training. A user is defined as an individual employee, employee of an affiliate, physician/provider, student, contracted agents, or volunteer who has authorized access to supported applications and can sign on to the network.

Traditional Beepers/Pagers

Total number of beepers, including alpha enabled, maintained by the department. Do not include cellphones/smartphones or tablets being used in place of the traditional beeper/pager.

Unscheduled Network Downtime

Total number of hours that the network was down or unavailable, excluding scheduled downtime required for maintenance and/or upgrades. Report a portion of an hour as a decimal, for example 12 hours 15 minutes shall be reported as 12.25.

Other Information Technology Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Application Software Support

Total hours worked by technical systems analyst and computer programming staff. The personnel do not support clinical applications.
This is a subset of Worked Hours: Staff.

**Worked Hours: Clinical Application Analyst**

Total hours worked by technical system staff who are dedicated to the management and support of the clinical applications for the organization. Some examples of clinical applications may be electronic health records (EHR), Emergency Department systems, Surgical Services systems, or Radiology systems.

This is a subset of Worked Hours: Staff.

**Worked Hours: Computer Operator**

Total hours worked by computer operation and report production staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Database Administrator**

Total hours worked by technical system staff who are dedicated to the management and support of various in-house maintained databases. Database Administrators identify data relationships and develop structures to support the database infrastructure.

This is a subset of Worked Hours: Staff.

**Worked Hours: Desktop Support Staff**

Total hours worked by technical system staff who are dedicated to supporting end-users with technical desktop issues. The Desktop Support Staff may resolve desktop PC issues, may provide in-person support, or track support issues through a monitored support tracking system for faculty and staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Hardware Support**

Total hours worked by hardware and PC support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Help Desk Staff**

Total hours worked by help desk staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Interface Related Staff**

Total hours of staff purely dedicated to interface engine-related work.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Network Support**

Total hours worked by network support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Operating System and Software Support**

Total hours worked by operating system and software support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
**Worked Hours: Switchboard Operator**

Total hours worked by switchboard operator staff.

This is a subset of Worked Hours: Staff.

**Worked Hours - Telecommunications Analyst**

Total hours worked by telecommunications analyst staff.

This is a subset of Worked Hours: Staff.

**Worked Hours - Telecommunications Technician**

Total hours worked by telecommunications technician staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Trainer**

Total hours worked by staff who provide applications and or hardware training to the Information Technology department staff and or users in other areas of the organization.

This is a subset of Worked Hours: Staff.

**Other Information Technology Services Expense Elements**

**Application Software License Maintenance Expense**

Total expense for software license and maintenance fees for applications software. This includes, but is not limited to: clinical or operational comparative database license fees, patient satisfaction.

This is a subset of Other Direct Operating Expense.

**Contract Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Contract Labor.

This is a subset of Labor Expense.

**Environmental Software License Maintenance Expense**

License maintenance expense related to environmental software. This is software for environmental management, compliance, investigation, remediation, and the design, operation and maintenance of pollution control equipment.
This is a subset of Other Direct Operating Expense.

**Equipment Lease and Maintenance Expense**

Total expense for equipment leases and maintenance contracts.

This is a subset of Other Direct Operating Expense.

**Hardware Maintenance Expense**

Total expense for maintenance of hardware by outside contractors.

This is a subset of Equipment Lease and Maintenance Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Supply Expense**

Total net expense (including freight and distribution fees less rebates) for all patient chargeable (if applicable) and department consumable supplies for the department. Supply items typically have an expected life of less than one year.

This is a subset of Other Direct Operating Expense.

**Telecommunication Devices Expense**

Total expense of telecommunication devices maintained by the facility including but not limited to the cost of telephone extensions, cell phones, wireless phones, fax machines, and other voice carrying devices. Exclude pagers.
Telecommunication Utility Expense

Total expense for telecommunications usage charges paid to an outside vendor, including voice over internet protocol (VOIP) charges.

This is a subset of Other Direct Operating Expense.

Training Expense

Total expense for training for department staff. Do not report the cost of training of general staff outside of department.

This is a subset of Other Direct Operating Expense.

Other Information Technology Services Mandatory Elements

The following data elements are mandatory for this department:

- Actual Users IT
- Devices Supported
- Labor Expense
- Major Applications
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Telecommunication Devices
- Total Applications
- Total Users IT
- Worked Hours: Staff

Other Information Technology Services Normalizations

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- CIO (Chief Information Officer), Vice Presidents, Assistant Administrators and their support staff
• CMIO (Chief Medical Information Officer)

• Dispatch services associated with Ground Transport

• Helicopter and Fixed Wing Aircraft Dispatch Services

• Information Desk

• Nurse call system operations and maintenance

• Physician services such as answering service, message service or dictation services

Information Technology Worksheet

Use the following worksheet for this department. The worksheets can be found on the Support tab of ActionOI.

• Information Technology Workload Computation Worksheet
Chapter 23. Laboratory Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 03350, Laboratory Services: Clinical Operations and Blood Bank Combined 1052
- 03370, Laboratory Services: Clinical Operations Combined 1064
- 03371, Laboratory Services: Clinical Operations Core Lab Only 1075
- 03372, Laboratory Services: Clinical Operations - Specialty Labs Only 1085
- 03380, Laboratory Services: Anatomic Pathology 1095
- 03390, Laboratory Services: Blood Bank 1104
- 03399, Laboratory Services Administration 1114
- F3300, Laboratory Services Functional Rollup Department 1122
- G3300, Other Laboratory Services 1134

03350, Laboratory Services: Clinical Operations and Blood Bank Combined

This department includes all clinical laboratory functions, including Chemistry, Hematology, Urinalysis, Coagulation, Immunology, Microbiology, and Reproductive Medicine, as well as blood bank functions. It also includes phlebotomy and processing. Do not include administration and support functions supporting the laboratory and/or anatomic pathology.

Laboratory Services: Clinical Operations and Blood Bank Combined Mapping Guidelines

If your cost center does not include Blood Bank, another option might be the 03370, Lab Services: Clinical Operations Combined department.
Laboratory Services: Clinical Operations and Blood Bank Combined Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

This is a component of Total Billed Tests.

Billed Tests Sent to Reference Lab

Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

Blood Draws Performed by Lab

Total number of blood draws performed by Lab for this reporting period.

This is a subset of Blood Draws Performed.

Chemistry Billed Tests Performed

Total billed tests performed under the chemistry classification. Chemistry tests are typically billed under the CPT code range 80047-80439 and 82000-84999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Complete Blood Count (CBC) Tests Performed

Total billed tests performed for Complete Blood Count (CBC) tests, including automated only (CPT Code 85027) and automated differential WBC count (CPT code 85025) only. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Hematology Billed Tests.
Days of Operation per Week
Total number of days the department is open for operation during the week.

The max number that can be reported is 7.

Flow Cytometry Tests Performed
Total billed tests performed for Flow Cytometry tests, typically billed under CPT codes 88182-88189. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hematology Billed Tests Performed
Total billed tests performed under the hematology classification. Hematology tests are typically billed under the CPT code range 85000-85999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hematopoietic Cells (HPC) Collected
Total number of Hematopoietic Cells (blood-forming stem cells) collected for this reporting period.

HLA Tests Performed
Total billed tests performed for Human leukocyte antigen (HLA) testing, typically billed under the CPT code range 81370-81383. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hours of Operation per Week
Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Immunology Billed Tests Performed
Total billed tests performed under the immunology classification. Immunology tests are typically billed under the CPT code range 86000-86849. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.
This is a component of Total Billed Tests.

**Inpatient Billed Tests Performed**

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

**Inpatient Blood Draws Performed by Lab**

Total number of blood draws performed on inpatients by Lab staff during the reporting period.

This is a subset of Blood Draws Performed by Lab

**Lab Analyzers**

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

**Microbiology Billed Tests**

Total billed tests performed in a microbiology setting. Microbiology tests are tests used to identify microorganisms and typically are billed under the CPT code range 87000-87899. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Non Hospital Patient Billed Tests**

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

**Number of Remote Testing Laboratories**

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.
Point of Care Billed Tests

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests. Point of Care testing (POCT) defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Point of Care Billed Tests Not Performed by Lab Staff

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests performed by staff in another department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Point of Care Billed Tests.

Point of Care Testing Analyzers Supported

Total number of Point of Care Testing analyzers supported by the department. Point of Care Testing analyzers allows the analysis of samples or specimens to be performed close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Point of Care Testing Sites Supported

Total number of Point of Care Testing sites supported by the department. Point of Care testing (POCT) is defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Specimen Draw Stations Staffed by Lab

Total discrete specimen draw stations, open eight or more hours per day, and staffed with department personnel. This includes any draw station within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel.

Tissue Products Dispensed

Total number of Tissue Products dispensed for this reporting period.

This is a subset of Tissue Products Received.
**Tissue Products Received**

Total number of Tissue Products received in this reporting period. Tissue Products contain tissue that is human and non-human in origin and includes but is not limited to tissue used for transplants.

**Tissue Products Transplanted**

Total number of Tissue Products human in origin transplanted for this reporting period.

This is a subset of Tissue Products Dispensed.

**Total Billed Tests**

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

**Total Blood Draws Performed**

Total number of blood draws performed by both Lab and Non Lab staff for the reporting period.

**Total Donor Units Drawn**

Total number of donor units of blood drawn by Lab staff during the reporting period.

**Unbundled Tests**

Total count of tests as reflected on the laboratory's revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

**Units of blood or blood products purchased**

Total number of blood units or blood product units purchased by this department for the reporting period.

**Units of Blood or Blood Products Received**

Total number of blood units or blood product units received. Count all blood units or blood product received by this department for the reporting period.

**Units of Dispensed Blood or Blood Products**

Total number of blood units or blood product units dispensed in this reporting period. Count all blood units or blood product issued or distributed.

This is a subset of Units of Blood or Blood Products Received.
Units of Transfused Blood or Blood Products

Total number of blood units or blood product units transfused in this reporting period. A transfusion is the act of transferring blood or blood products to an individual.

This is a subset of Units of Dispensed Blood or Blood Products.

Laboratory Services: Clinical Operations and Blood Bank Combined Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Transcriptionist

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Technical**

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Phlebotomist**

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

**Laboratory Services: Clinical Operations and Blood Bank Combined Expense Elements**

**Blood and Immune System Modifiers Expense**

Total Darbepotin, Epoetin, Filgrastim, Pegfilgrastim, Sargramostim, Adalimumab, Alafacept, Aldesleukine, Omalizumab, Interferons all variations, Anticoagulants, Thrombolytic, Hemophilia and Hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Purchased Blood and Blood Products Expense

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

Referral Testing Service Expense

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

Wastage Expense

Wastage expense includes blood products that are thawed, pooled, prepared and then not used, as well as products that outdate due to over stocked inventory.

This is a component of Other Direct Operating Expense.

Laboratory Services: Clinical Operations and Blood Bank Combined Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Labor Expense
- Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Billed Tests
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Laboratory Services: Clinical Operations and Blood Bank Combined Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• Bench teaching of department employees
• Blood and blood product costs
• Blood Bank and Donor Center services
• Personnel performing the functions of the department’s day to day managerial operations (Laboratory)
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)
• Autopsies
• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products
• Bench teaching of students (non-department employees)
• Clinical Engineer and/or Biomedical Technician
• Cost of hemophilia factors
• Hospital-based School of Medical Technology
• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)
• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)
• Repair and Maintenance of Clinical Equipment/Rooms
• Stem Cell Bank, Tissue Lab, Apheresis and Hemapheresis
• Support activities for department Information System, e.g., clinical table updates (Laboratory)
• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients
• Administration and Support activites for a Laboratory Residency Program
• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)
• Lab Specimen Registration

03370, Laboratory Services: Clinical Operations Combined

This department includes all clinical laboratory functions, including Chemistry, Hematology, Urinalysis, Coagulation, Immunology, Microbiology, and Reproductive Medicine. It also includes phlebotomy, processing and reference lab sendouts. Do not include administration and support functions supporting the laboratory, anatomic pathology and/or blood bank functions.

Laboratory Services: Clinical Operations Mapping Guidelines

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If your cost center includes Blood Bank, another option might be the 03350, Laboratory Services: Clinical Operations and Blood Bank Combined department. If you have separate and distinct cost centers for specific classification of tests, map them to the more detailed departments in the series such as 03371 Laboratory Services: Clinical Ops Core Lab Only or the 03372 Laboratory Services: Clinical Ops Specialty Labs Only department.

**Laboratory Services: Clinical Operations Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

This is a component of Total Billed Tests.

**Billed Tests Sent to Reference Lab**

Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

**Blood Draws Performed by Lab**

Total number of blood draws performed by Lab for this reporting period.

This is a subset of Blood Draws Performed.

**Chemistry Billed Tests Performed**

Total billed tests performed under the chemistry classification. Chemistry tests are typically billed under the CPT code range 80047-80439 and 82000-84999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Complete Blood Count (CBC) Tests Performed**

Total billed tests performed for Complete Blood Count (CBC) tests, including automated only (CPT Code 85027) and automated differential WBC count (CPT code 85025) only. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.
This is a subset of Hematology Billed Tests.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The max number that can be reported is 7.

**Flow Cytometry Tests Performed**

Total billed tests performed for Flow Cytometry tests, typically billed under CPT codes 88182-88189. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Hematology Billed Tests Performed**

Total billed tests performed under the hematology classification. Hematology tests are typically billed under the CPT code range 85000-85999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**HLA Tests Performed**

Total billed tests performed for Human leukocyte antigen (HLA) testing, typically billed under the CPT code range 81370-81383. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Immunology Billed Tests Performed**

Total billed tests performed under the immunology classification. Immunology tests are typically billed under the CPT code range 86000-86849. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.
Inpatient Billed Tests Performed

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

Inpatient Blood Draws Performed by Lab

Total number of blood draws performed on inpatients by Lab staff during the reporting period.

This is a subset of Blood Draws Performed by Lab

Lab Analyzers

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

Microbiology Billed Tests

Total billed tests performed in a microbiology setting. Microbiology tests are tests used to identify microorganisms and typically are billed under the CPT code range 87000-87899. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Non Hospital Patient Billed Tests

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

Number of Remote Testing Laboratories

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.
**Point of Care Billed Tests**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests. Point of Care testing (POCT) defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Point of Care Billed Tests Not Performed by Lab Staff**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests performed by staff in another department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Point of Care Billed Tests.

**Point of Care Testing Analyzers Supported**

Total number of Point of Care Testing analyzers supported by the department. Point of Care Testing analyzers allows the analysis of samples or specimens to be performed close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

**Point of Care Testing Sites Supported**

Total number of Point of Care Testing sites supported by the department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

**Specimen Draw Stations Staffed by Lab**

Total discrete specimen draw stations, open eight or more hours per day, and staffed with department personnel. This includes any draw station within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel.

**Total Billed Tests**

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.
Total Blood Draws Performed
Total number of blood draws performed by both Lab and Non Lab staff for the reporting period.

Total Donor Units Drawn
Total number of donor units of blood drawn by Lab staff during the reporting period.

Unbundled Tests
Total count of tests as reflected on the laboratory's revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

Units of blood or blood products purchased
Total number of blood units or blood product units purchased by this department for the reporting period.

Laboratory Services: Clinical Operations Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and
departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular
hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and
administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Technical

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do
not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked
over the employee’s normal work schedule). Hours worked on an overtime basis while attending training
or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or
premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department
of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Phlebotomist

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide
clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work
as advanced practitioners, and other advanced practitioners. Include only physicians and advanced
practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities
such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient
or outpatient medication, ordering and interpreting tests. Also include medical directors that provide
clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**
Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**
Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

**Worked Hours: Transcriptionist**
Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

**Laboratory Services: Clinical Operations Expense Elements**

**Blood and Immune System Modifiers Expense**
Total Darbepotin, Epoetin, Filgrastim, Pegfilgrastim, Sargramostim, Adalimumab, Alfacept, Aldesleukine, Omalizumab, Interferons all variations, Anticoagulants, Thrombolytic, Hemophilia and Hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Contract Service Expense**
Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Equipment Repair And Maintenance Expense**
Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.
Laboratory Services

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consultations, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Purchased Blood and Blood Products Expense**

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Referral Testing Service Expense**

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

**Laboratory Services: Clinical Operations Mandatory Elements**

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Billed Tests
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Laboratory Services: Clinical Operations Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• Bench teaching of department employees
• Personnel performing the functions of the department’s day to day managerial operations (Laboratory)
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)
• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products
• Bench teaching of students (non-department employees)
• Blood and blood product costs
• Blood Bank and Donor Center services
• Clinical Engineer and/or Biomedical Technician
• Cost of hemophilia factors
• Hospital-based School of Medical Technology

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Repair and Maintenance of Clinical Equipment/Rooms

• Support activities for department Information System, e.g., clinical table updates (Laboratory)

• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

• Administration and Support activites for a Laboratory Residency Program

• Autopsies

• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)

03371, Laboratory Services: Clinical Operations Core Lab Only

This department includes clinical laboratory departments typically considered testing areas in a central core lab, specifically Chemistry, Hematology with Coagulation, Urinalysis, and Immunology. It also includes phlebotomy, specimen receiving/processing, and reference lab sendouts. Do not include administration and support functions supporting these clinical laboratory departments, anatomic pathology, or blood bank functions.

Laboratory Services: Clinical Operations Mapping Guidelines
If your cost center includes the functions defined along with specialty lab functions (Microbiology/Virology, Molecular Genetics, Flow Cytometry, Reproductive Medicine), another option might be the 03370 Lab Services: Clinical Operations Combined or the 03372 Lab Services: Clinical Ops Specialty Labs Only department. If you have separate and distinct cost centers for all of the specific classification of tests, map them to the more detailed departments in the series.

**Laboratory Services: Clinical Operations Workload Volumes**

### Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

### Billed Tests Sent To Reference Lab

Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

### Chemistry Billed Tests Performed

Total billed tests performed under the chemistry classification. Chemistry tests are typically billed under the CPT code range 80047-80439 and 82000-84999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

### Complete Blood Count (CBC) Tests Performed

Total billed tests performed for Complete Blood Count (CBC) tests, including automated only (CPT Code 85027) and automated differential WBC count (CPT code 85025) only. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Hematology Billed Tests.

### Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Hematology Billed Tests Performed

Total billed tests performed under the hematology classification. Hematology tests are typically billed under the CPT code range 85000-85999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Immunology Billed Tests Performed

Total billed tests performed under the immunology classification. Immunology tests are typically billed under the CPT code range 86000-86849. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Inpatient Billed Tests Performed

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

Lab Analyzers

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

Non Hospital Patient Billed Tests

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

This is a subset of Total Billed Tests.
Point of Care Analyzers Used by the POCT Program

Total number of Point of Care Testing analyzers supported by the department. Point of Care Testing analyzers allows the analysis of samples or specimens to be performed close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Point of Care Billed Tests

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests. Point of Care testing (POCT) defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Point of Care Billed Tests Not Performed by Lab Staff

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests performed by staff in another department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Point of Care Billed Tests.

Point of Care Sites Supported

Total number of Point of Care Testing sites supported by the department. Point of Care testing (POCT) is defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Remote Testing Laboratories Supported

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.
Total Billed Tests

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

Unbundled Tests

Total count of tests as reflected on the laboratory's revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

Laboratory Services: Clinical Operations Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Technical**

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Phlebotomist**

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

**Worked Hours: Transcriptionist**

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

**Laboratory Services: Clinical Operations Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Other Direct Operating Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.

**Outreach Direct Operating Expense**

Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense

Purchased Blood and Blood Products Expense

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

Referral Testing Service Expense

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

Laboratory Services: Clinical Operations Mandatory Elements

The following data elements are mandatory for this department:

• Inpatient Billed Tests Performed
• Non Medical Supply Expense
• Total Billed Tests

Laboratory Services: Clinical Operations Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Bench teaching of department employees
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)

• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products

• Blood and blood product costs

• Blood Bank and Donor Center services

• Clinical Engineer and/or Biomedical Technician

• Cost of hemophilia factors

• Lab Specimen Registration

• Administration and Support activities for a Laboratory Residency Program

• Autopsies

• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)

• Lab Specimen Registration

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Lab Courier Service (only Courier service specific to the laboratory)

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)
- Repair and Maintenance of Clinical Equipment/Rooms
- Support activities for department Information System, e.g., clinical table updates (Laboratory)
- Bench teaching of students (non-department employees)
- Hospital-based School of Medical Technology

**03372, Laboratory Services: Clinical Operations - Specialty Labs Only**

This department includes clinical departments typically considered testing areas in a specialty lab, specifically Microbiology/Virology, Molecular Genetics, Flow Cytometry, and Reproductive Medicine (Andrology). It also includes specimen receiving and processing. Do not include administration and support functions supporting the laboratory, anatomic pathology and/or blood bank functions.

**03372, Laboratory Services: Clinical Operations - Specialty Labs Only Mandatory Elements**

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Non Medical Supply Expense
- Total Billed Tests
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Physician Provider Professional Fee Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Inpatient Billed Tests Performed
• Total Billed Tests

03372, Laboratory Services: Clinical Operations - Specialty Labs Only
Expense Elements

Contract Service Expense
Total expense for services (e.g. collections, transcription) provided by outside contractors.

Equipment Repair And Maintenance Expense
Total expense to repair and maintain technical devices charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.

Outreach Direct Operating Expense
Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense
Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Other Direct Operating Expense
**Purchased Blood and Blood Products Expense**

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Referral Testing Service Expense**

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

**03372, Laboratory Services: Clinical Operations - Specialty Labs Only**

**Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.
Physician Provider Worked Hours

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Technical

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.
This is a subset of Worked Hours: Staff.

**Worked Hours: Phlebotomist**

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

**Worked Hours: Transcriptionist**

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.
03372, Laboratory Services: Clinical Operations - Specialty Labs Only

Workload Volumes

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

Billed Tests Sent To Reference Lab
Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

Days of Operation per Week
Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Flow Cytometry Tests Performed
Total billed tests performed for Flow Cytometry tests, typically billed under CPT codes 88182-88189. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

HLA Tests Performed
Total billed tests performed for Human leukocyte antigen (HLA) testing, typically billed under the CPT code range 81370-81383. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.
**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Billed Tests Performed**

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

**Lab Analyzers**

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

**Microbiology Billed Tests**

The total cases managed by department staff. This includes both inpatient, outpatient and observation cases. An inpatient case must include at least one of the following: telephonic review, pre admission planning, care plan coordination with physicians, patient and family education, coordination with hospital staff to avoid delays, and discharge planning. Multiple Encounters may occur within one Case Managed. Count each patient admission as one case even if case management activities are performed in different settings such as pre admission, inpatient, and transitional care units.

This is a component of Total Billed Tests.

**Non Hospital Patient Billed Tests**

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

This is a subset of Total Billed Tests.

**Point of Care Billed Tests**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests. Point of Care testing (POCT) defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.
This is a component of Total Billed Tests.

**Point of Care Billed Tests Not Performed by Lab Staff**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests performed by staff in another department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Point of Care Billed Tests.

**Remote Testing Laboratories Supported**

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.

**Total Billed Tests**

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

**Total number of days the department is open for operation during the week.**

**Unbundled Tests**

Total count of tests as reflected on the laboratory's revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

**03372, Laboratory Services: Clinical Operations - Specialty Labs Only Mapping Guidelines**

If your cost center includes the functions defined along with central core lab (Chemistry, Hematology with Coagulation, Urinalysis, and Immunology), another option might be the 03370 Lab Services: Clinical Operations Combined department. If you have separate and distinct cost centers for all of the specific classification of tests, map them to the more detailed departments in the series.
03372, Laboratory Services: Clinical Operations - Specialty Labs Only

Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Bench teaching of department employees

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)

• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products

• Autopsies

• Blood Bank and Donor Center services

• Blood and blood product costs

• Cost of hemophilia factors

• Clinical Engineer and/or Biomedical Technician

• Administration and Support activities for a Laboratory Residency Program

• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA’s and Printers and training) for nursing services doing arterial line draws)

• Lab Specimen Registration

• Bench teaching of students (non-department employees)

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Lab Courier Service (only Courier service specific to the laboratory)
• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Hospital-based School of Medical Technology

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Repair and Maintenance of Clinical Equipment/Roome

• Support activities for department Information System, e.g., clinical table updates (Laboratory)

• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

03380, Laboratory Services: Anatomic Pathology

This department includes functions related to the gross and microscopic analysis of cell structure and composition in one or more of the following areas: anatomical pathology, histology, cytopathology, electromicroscopy, cytogenetics, or autopsy services. This department also includes functions including accession, examination and reporting of tissue submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. (Includes 88000 - 88399 - Postmortem Examination, Cytopathology, Cytogenetics, Surgical Pathology.) Do not include administration and support functions supporting the anatomical pathology laboratory and/or clinical operations.

Laboratory Services: Anatomic Pathology Mapping Guidelines

If your cost center includes the functions defined along with a central core lab (Chemistry, Hematology with Coagulation, Urinalysis, and Immunology) and/or specialty labs (Microbiology, Molecular Genetics, Flow Cytometry), do not map to this profile. Another option might be the G3000 Other Laboratory Services department.

Laboratory Services: Anatomic Pathology Workload Volumes
Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

This is a component of Total Billed Tests.

Autopsies Performed
Total number of autopsies performed for this reporting period.

Billed Tests Sent to Reference Lab
Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

Cytogenetics Billed Tests Performed
Total billed tests performed under the cytogenetics classification. Cytogenetics tests are typically billed under the CPT code range 88200-88299. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Days of Operation per Week
Total number of days the department is open for operation during the week.

The max number that can be reported is 7.

Genomic Sequence Tests Performed
Total billed tests performed for Genomic Sequence testing, typically billed under the CPT code range 81410-81471. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.
**HLA Tests Performed**

Total billed tests performed for Human leukocyte antigen (HLA) testing, typically billed under the CPT code range 81370-81383. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Billed Tests Performed**

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

**Lab Analyzers**

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

**Molecular Pathology Billed Tests**

Total Billed Tests performed in a molecular pathology setting. Molecular Pathology is the study and cause of molecular diseases.

This is a component of Total Billed Tests.

**Non Hospital Patient Billed Tests**

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

**Number of Remote Testing Laboratories**

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.
Special Stains Group I Tests Performed
Total billed tests performed by the department under CPT code 88312 "Special stain including interpretation and report; Group I for microorganisms (e.g., acid fast, methenamine silver)" for the reporting period.

This is a component of Total Billed Tests.

Special Stains Group II Tests Performed
Total billed tests performed by the department under CPT code 88313 "Special stain including interpretation and report; Group II, all other (e.g., iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry" for the reporting period.

This is a component of Total Billed Tests.

Total Billed Tests
Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

Unbundled Tests
Total count of tests as reflected on the laboratory's revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

Laboratory Services: Anatomic Pathology Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Worked Hours: Cytogenetic Technologist
Total hours worked by Registered Medical Technologists or equivalent dedicated to Cytogenetics. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

Worked Hours: Transcriptionist
Total hours worked by medical transcriptionist staff.
This is a subset of Worked Hours: Staff.

Worked Hours: RN
Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Technical
Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Include licensed Cytologists and Histologists. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

**Laboratory Services: Anatomic Pathology Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Purchased Blood and Blood Products Expense**

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.
**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Outreach Direct Operating Expense

Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Referral Testing Service Expense

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

Laboratory Services: Anatomic Pathology Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor

• Paid Hours: Physician Provider

• Paid Hours: Staff

• Physician Provider Professional Fee Expense

• Total Billed Tests

• Worked Hours: Physician Provider

• Worked Hours: Staff

• Cytogenetics Billed Tests Performed

Laboratory Services: Anatomic Pathology Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Bench teaching of department employees

• Autopsies

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)

• Bench teaching of students (non-department employees)

• Blood and blood product costs

• Blood Bank and Donor Center services

• Clinical Engineer and/or Biomedical Technician

• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)

• Lab Specimen Registration

• Hospital-based School of Medical Technology

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)
• Administration and Support activities for a Laboratory Residency Program

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Repair and Maintenance of Clinical Equipment/Rooms

• Support activities for department Information System, e.g., clinical table updates (Laboratory)

• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

03390, Laboratory Services: Blood Bank

This department includes functions related to the acquisition (collection), processing (typing and antibody detection and titration), storage, control, and disbursement of blood and blood products/components. Functions such as transfusion and directed donor services are also included if performed here. This department should include both labor and material costs. (Includes 86850 - 86999: Transfusion Medicine)

Laboratory Services: Blood Bank Mapping Guidelines

If your cost center includes Clinical Operations, another option might be the 03350 Lab Services: Clinical Operations & Blood Bank Combined department.

Laboratory Services: Blood Bank Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.
This is a component of Total Billed Tests.

**Billed Tests Sent to Reference Lab**

Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

**Blood Draws Performed by Lab**

Total number of blood draws performed by Lab for this reporting period.

This is a subset of Blood Draws Performed.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The max number that can be reported is 7.

**Hematopoietic Cells (HPC) Collected**

Total number of Hematopoietic Cells (blood-forming stem cells) collected for this reporting period.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Billed Tests Performed**

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

**Inpatient Blood Draws Performed by Lab**

Total number of blood draws performed on inpatients by Lab staff during the reporting period.

This is a subset of Blood Draws Performed by Lab
Lab Analyzers

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

Non Hospital Patient Billed Tests

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

This is a subset of Total Billed Tests.

Number of Remote Testing Laboratories

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.

Specimen Draw Stations Staffed by Lab

Total discrete specimen draw stations, open eight or more hours per day, and staffed with department personnel. This includes any draw station within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel.

Tissue Products Dispensed

Total number of Tissue Products dispensed for this reporting period.

This is a subset of Tissue Products Received.

Tissue Products Received

Total number of Tissue Products received in this reporting period. Tissue Products contain tissue that is human and non-human in origin and includes but is not limited to tissue used for transplants.

Tissue Products Transplanted

Total number of Tissue Products human in origin transplanted for this reporting period.

This is a subset of Tissue Products Dispensed.
Total Billed Tests

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

Total Blood Draws Performed

Total number of blood draws performed by both lab and non lab staff for the reporting period.

Total Donor Units Drawn

Total number of donor units of blood drawn by Lab staff during the reporting period.

Unbundled Tests

Total count of tests as reflected on the laboratory’s revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

Units of blood or blood products purchased

Total number of blood units or blood product units purchased by this department for the reporting period.

Units of Blood or Blood Products Received

Total number of blood units or blood product units received. Count all blood units or blood product received by this department for the reporting period.

Units of Dispensed Blood or Blood Products

Total number of blood units or blood product units dispensed in this reporting period. Count all blood units or blood product issued or distributed.

This is a subset of Units of Blood or Blood Products Received.

Units of Transfused Blood or Blood Products

Total number of blood units or blood product units transfused in this reporting period. A transfusion is the act of transferring blood or blood products to an individual.

This is a subset of Units of Dispensed Blood or Blood Products.
Laboratory Services: Blood Bank Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Technical

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Phlebotomist**

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.
**Worked Hours: Transcriptionist**

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

**Laboratory Services: Blood Bank Expense Elements**

**Blood and Immune System Modifiers Expense**

Total Darbepotin, Epoetin, Filgrastim, Pegfilgrastim, Sargramostim, Adalimumab, Alfacept, Aldesleukine, Omalizumab, Interferons all variations, Anticoagulants, Thrombolytic, Hemophilia and Hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Outreach Direct Operating Expense**

Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Purchased Blood and Blood Products Expense**

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Referral Testing Service Expense**

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

**Wastage Expense**

Wastage expense includes blood products that are thawed, pooled, prepared and then not used, as well as products that outdate due to over stocked inventory.

This is a component of Other Direct Operating Expense.

**Laboratory Services: Blood Bank Mandatory Elements**

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
Laboratory Services: Blood Bank Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- Bench teaching of department employees
- Blood and blood product costs
- Blood Bank and Donor Center services

Exclude the hours, costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)
- Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products
- Bench teaching of students (non-department employees)
- Clinical Engineer and/or Biomedical Technician
- Cost of hemophilia factors
- Hospital-based School of Medical Technology
- Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)
- Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Repair and Maintenance of Clinical Equipment/Rooms

• Stem Cell Bank, Tissue Lab, Apheresis and Hemapheresis

• Support activities for department Information System, e.g., clinical table updates (Laboratory)

• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

• Administration and Support activities for a Laboratory Residency Program

• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA's and Printers and training) for nursing services doing arterial line draws)

• Lab Specimen Registration

03399, Laboratory Services Administration

This department performs the overall administrative and general support tasks for the entire Laboratory Services series. These tasks and functions include but are not limited to: couriers, lab transcription services, and outreach support (i.e. specimen registration, business analysts, biller/coders, client service reps, and marketing staff) functions. Do not include staff responsible for the processing of lab specimens and/or phlebotomy.

Laboratory Services Administration Mapping Guidelines

If the staff and/or expenses in your cost center includes processing specimens and/or performing phlebotomy, this profile is not the appropriate choice. Another option might be the G3300 Lab Services: Other Laboratory Services department.
Laboratory Services Administration Workload Volumes

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

This is a component of Total Billed Tests.

Billed Tests Sent to Reference Lab Supported
Total billed tests sent out to another lab (reference lab) for processing supported by the department. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Billed Tests Supported.

Billed Tests Supported
Total CPT codes billed by the patient billing system(s) for tests and handling fees by all departments within the laboratory services series supported by this department. Exclude STAT fees, phlebotomy charges, and blood / blood product charges. Automated, multichannel test panels should be given a count of 1.

Inpatient Billed Tests Supported
Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. This number should include the total inpatient billed tests, performed by all departments within the laboratory services series that this department supports.

This is a subset of Billed Tests Supported.
Lines of Transcription Provided

The total lines of transcription provided (either produced by dept staff and/or purchased thru contracted service) during the reporting period. Pathology transcription spans from dictation capture to document distribution and storage, including associate transcription. If for externally purchased transcription only dollars are available, obtain the average dollar per line rate charged by the contract source to estimate the number of transcribed lines (charged dollars / average rate = lines). If the department produces and purchases transcription and one of the values cannot be provided, leave this field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

Non Hospital Patient Billed Tests Supported

Total billed tests performed on non-hospital patient specimens supported by the department. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for.

This is a subset of Billed Tests Supported.

Number of Remote Testing Laboratories

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.

Point of Care Testing Analyzers Supported

Total number of Point of Care Testing analyzers supported by the department. Point of Care Testing analyzers allows the analysis of samples or specimens to be performed close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Point of Care Testing Sites Supported

Total number of Point of Care Testing sites supported by the department. Point of Care testing (POCT) is defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Laboratory Services Administration Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Transcriptionist**

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Technical**

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

**Laboratory Services Administration Expense Elements**

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.
This is a subset of Other Direct Operating Expense.

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Outreach Direct Operating Expense

Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Referral Testing Service Expense

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

Wastage Expense

Wastage expense includes blood products that are thawed, pooled, prepared and then not used, as well as products that outdate due to over stocked inventory.

This is a component of Other Direct Operating Expense.

Laboratory Services Administration Mandatory Elements

The following data elements are mandatory for this department:

- Billed Tests Supported
• Inpatient Billed Tests Supported

• Labor Expense

• Labor Expense: Physician Provider

• Medical Supply Expense

• Non Medical Supply Expense

• Other Direct Operating Expense

• Paid Hours: Contract Labor

• Paid Hours: Physician Provider

• Paid Hours: Staff

• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Laboratory Services Administration Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)

• Administration and Support activities for a Laboratory Residency Program

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Lab Specimen Registration

• Results library (Laboratory)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Sales and marketing activities for a Laboratory Outreach program

• Support activities for department Information System, e.g., clinical table updates (Laboratory)

Exclude the hours costs and volumes (where applicable) associated with the

• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA’s and Printers and training) for nursing services doing arterial line draws)

• Lab Informatics (focusing on the application of information through a platform of instruments, software, and data mgmt tools that allow scientific data to be captured, migrated, processed, and interpreted for immediate use)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Repair and Maintenance of Clinical Equipment/Rooms

**F3300, Laboratory Services Functional Rollup Department**

The Laboratory Services Functional Rollup department includes all cost centers mapped to the individual department profiles in this series. It includes administration and support, clinical laboratory, anatomic pathology laboratory, and blood bank functions regardless of reporting relationships. This department is automatically created when department mapping is finalized.

**Laboratory Services Functional Rollup Department Mapping Guidelines**

This is a functional rollup department that automatically rolls up to combine data for all departments within the Laboratory Services series. It includes all cost centers, regardless of reporting relationship, reported on laboratory departments in the series such as the clinical lab, anatomic pathology, and blood bank.

**Laboratory Services Functional Rollup Department Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.
This is a component of Total Billed Tests.

**Autopsies Performed**

Total number of autopsies performed for this reporting period.

**Billed Tests Sent to Reference Lab**

Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

**Blood Draws Performed by Lab**

Total number of blood draws performed by Lab for this reporting period.

This is a subset of Blood Draws Performed.

**Chemistry Billed Tests Performed**

Total billed tests performed under the chemistry classification. Chemistry tests are typically billed under the CPT code range 80047-80439 and 82000-84999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Complete Blood Count (CBC) Tests Performed**

Total billed tests performed for Complete Blood Count (CBC) tests, including automated only (CPT Code 85027) and automated differential WBC count (CPT code 85025) only. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Hematology Billed Tests.

**Cytogenetics Billed Tests Performed**

Total billed tests performed under the cytogenetics classification. Cytogenetics tests are typically billed under the CPT code range 88200-88299. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.
Flow Cytometry Tests Performed
Total billed tests performed for Flow Cytometry tests, typically billed under CPT codes 88182-88189. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Genomic Sequence Tests Performed
Total billed tests performed for Genomic Sequence testing, typically billed under the CPT code range 81410-81471. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hematology Billed Tests Performed
Total billed tests performed under the hematology classification. Hematology tests are typically billed under the CPT code range 85000-85999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hematopoietic Cells (HPC) Collected
Total number of Hematopoietic Cells (blood-forming stem cells) collected for this reporting period.

HLA Tests Performed
Total billed tests performed for Human leukocyte antigen (HLA) testing, typically billed under the CPT code range 81370-81383. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Immunology Billed Tests Performed
Total billed tests performed under the immunology classification. Immunology tests are typically billed under the CPT code range 86000-86849. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.
Inpatient Billed Tests Performed

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

Inpatient Blood Draws Performed by Lab

Total number of blood draws performed on inpatients by Lab staff during the reporting period.

This is a subset of Blood Draws Performed by Lab

Lab Analyzers

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.

Lines of Transcription Provided

The total lines of transcription provided (either produced by dept staff and/or purchased thru contracted service) during the reporting period. Pathology transcription spans from dictation capture to document distribution and storage, including associate transcription. If for externally purchased transcription only dollars are available, obtain the average dollar per line rate charged by the contract source to estimate the number of transcribed lines (charged dollars / average rate = lines). If the department produces and purchases transcription and one of the values cannot be provided, leave this field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

Microbiology Billed Tests

Total billed tests performed in a microbiology setting. Microbiology tests are tests used to identify microorganisms and typically are billed under the CPT code range 87000-87899. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Molecular Pathology Billed Tests

Total Billed Tests performed in a molecular pathology setting. Molecular Pathology is the study and cause of molecular diseases.

This is a component of Total Billed Tests.
**Non Hospital Patient Billed Tests**

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

**Number of Remote Testing Laboratories**

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.

**Physician Provider Professional Fee Expense: Anatomic Pathology**

Physician Provider Professional Fee as reported on the Anatomic Pathology department.

**Point of Care Billed Tests**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests. Point of Care testing (POCT) defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

**Point of Care Billed Tests Not Performed by Lab Staff**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests performed by staff in another department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Point of Care Billed Tests.

**Point of Care Testing Analyzers Supported**

Total number of Point of Care Testing analyzers supported by the department. Point of Care Testing analyzers allows the analysis of samples or specimens to be performed close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.
Point of Care Testing Sites Supported

Total number of Point of Care Testing sites supported by the department. Point of Care testing (POCT) is defined as testing performed at the patients side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Special Stains Group I Tests Performed

Total billed tests performed by the department under CPT code 88312 "Special stain including interpretation and report; Group I for microorganisms (e.g., acid fast, methenamine silver)" for the reporting period.

This is a component of Total Billed Tests.

Special Stains Group II Tests Performed

Total billed tests performed by the department under CPT code 88313 "Special stain including interpretation and report; Group II, all other (e.g., iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry" for the reporting period.

This is a component of Total Billed Tests.

STAT Billable Tests

Total number of STAT tests performed to inpatients or outpatients. STAT tests are performed when immediate test results are needed.

This is a component of Total Billed Tests.

Tissue Products Dispensed

Total number of Tissue Products dispensed for this reporting period.

This is a subset of Tissue Products Received.

Tissue Products Received

Total number of Tissue Products received in this reporting period. Tissue Products contain tissue that is human and non-human in origin and includes but is not limited to tissue used for transplants.

Tissue Products Transplanted

Total number of Tissue Products human in origin transplanted for this reporting period.

This is a subset of Tissue Products Dispensed.
Total Billed Tests

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

Total Blood Draws Performed

Total number of blood draws performed by both Lab and Non Lab staff for the reporting period.

Total Donor Units Drawn

Total number of donor units of blood drawn by Lab staff during the reporting period.

Unbundled Tests

Total count of tests as reflected on the laboratory’s revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

Units of blood or blood products purchased

Total number of blood units or blood product units purchased by this department for the reporting period.

Units of Blood or Blood Products Received

Total number of blood units or blood product units received. Count all blood units or blood product received by this department for the reporting period.

Units of Dispensed Blood or Blood Products

Total number of blood units or blood product units dispensed in this reporting period. Count all blood units or blood product issued or distributed.

This is a subset of Units of Blood or Blood Products Received.

Units of Transfused Blood or Blood Products

Total number of blood units or blood product units transfused in this reporting period. A transfusion is the act of transferring blood or blood products to an individual.

This is a subset of Units of Dispensed Blood or Blood Products.
Laboratory Services Functional Rollup Department - Department Hours Elements

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Cytogenetic Technologist**

Total hours worked by Registered Medical Technologists or equivalent dedicated to Cytogenetics. Exclude management / supervisors.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Technical**

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Phlebotomist**

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Technologist
   Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

   This is a subset of Worked Hours: Staff.

Worked Hours: Transcriptionist
   Total hours worked by medical transcriptionist staff.

   This is a subset of Worked Hours: Staff.

Laboratory Services Functional Rollup Department Expense Elements

Blood and Immune System Modifiers Expense
   Total Darbepotin, Epoetin, Filgrastim, Pegfilgrastim, Sargramostim, Adalimumab, Alafacept, Aldesleukine, Omalizumab, Interferons all variations, Anticoagulants, Thrombolytic, Hemophilia and Hemophilia factor expense.

   This is a subset of Medical Supply Expense.

Contract Service Expense
   Total expense for services (e.g. collections, transcription) provided by outside contractors.

Equipment Repair And Maintenance Expense
   Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

   This is a subset of Other Direct Operating Expense.

Labor Expense
   Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense Physician Provider: Anatomic Pathology
   Labor Expense: Physician Provider as reported on the Anatomic Pathology department.
**Labor Expense: Anatomic Pathology**

Labor Expense as reported on the Anatomic Pathology department.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Medical Supply Expense: Anatomic Pathology**

Medical Supply Expense as reported on the Anatomic Pathology department.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense: Anatomic Pathology**

Non Medical Supply Expense as reported on the Anatomic Pathology department.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Other Direct Operating Expense: Anatomic Pathology**

Other Direct Operating Expense as reported on the Anatomic Pathology department.

**Outreach Direct Operating Expense**

Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Purchased Blood and Blood Products Expense**

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Referral Testing Service Expense**

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.
Wastage Expense

Wastage expense includes blood products that are thawed, pooled, prepared and then not used, as well as products that outdate due to over stocked inventory.

This is a component of Other Direct Operating Expense.

Laboratory Services Functional Rollup Department Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Labor Expense
- Labor Expense: Anatomic Pathology
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Other Direct Operating Expense: Anatomic Pathology
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Billed Tests
- Worked Hours: Physician Provider
- Worked Hours: Staff

G3300, Other Laboratory Services

This generic department includes all cost centers belonging to Laboratory Services that cannot be mapped to individual laboratory services departments.
Other Laboratory Services Workload Volumes

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.

This is a component of Total Billed Tests.

Autopsies Performed
Total number of autopsies performed for this reporting period.

Billed Tests Sent to Reference Lab
Total billed tests sent out to another lab (reference lab) for processing. According to CMS, the definition of a reference lab is a Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

This is a component of Total Billed Tests.

Blood Draws Performed by Lab
Total number of blood draws performed by Lab for this reporting period.

This is a subset of Blood Draws Performed.

Chemistry Billed Tests Performed
Total billed tests performed under the chemistry classification. Chemistry tests are typically billed under the CPT code range 80047-80439 and 82000-84999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Complete Blood Count (CBC) Tests Performed
Total billed tests performed for Complete Blood Count (CBC) tests, including automated only (CPT Code 85027) and automated differential WBC count (CPT code 85025) only. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Hematology Billed Tests.
Cytogenetics Billed Tests Performed

Total billed tests performed under the cytogenetics classification. Cytogenetics tests are typically billed under the CPT code range 88200-88299. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Flow Cytometry Tests Performed

Total billed tests performed for Flow Cytometry tests, typically billed under CPT codes 88182-88189. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Genomic Sequence Tests Performed

Total billed tests performed for Genomic Sequence testing, typically billed under the CPT code range 81410-81471. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hematology Billed Tests Performed

Total billed tests performed under the hematology classification. Hematology tests are typically billed under the CPT code range 85000-85999. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

Hematopoietic Cells (HPC) Collected

Total number of Hematopoietic Cells (blood-forming stem cells) collected for this reporting period.

HLA Tests Performed

Total billed tests performed for Human leukocyte antigen (HLA) testing, typically billed under the CPT code range 81370-81383. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.
This is a component of Total Billed Tests.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Immunology Billed Tests Performed**

Total billed tests performed under the immunology classification. Immunology tests are typically billed under the CPT code range 86000-86849. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Infectious Disease Billed Test**

Total number of Infectious Disease tests billed for in this reporting period. Infectious Diseases are diseases that can be spread or transmitted from one person to another.

This is a component of Total Billed Tests.

**Inpatient Billed Tests Performed**

Total billed tests performed in support of facility inpatients. This includes only inpatient (i.e., patients who occupied or are expected to occupy a bed overnight) billed tests. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

This is a subset of Total Billed Tests.

**Inpatient Blood Draws Performed by Lab**

Total number of blood draws performed on inpatients by Lab staff during the reporting period.

This is a subset of Blood Draws Performed by Lab

**Lab Analyzers**

Total number of Lab Analysis Machines this department has in operation. A Lab Analysis Machine is a lab machine/instrument that provides automated lab results.
**Microbiology Billed Tests**

Total billed tests performed in a microbiology setting. Microbiology tests are tests used to identify microorganisms and typically are billed under the CPT code range 87000-87899. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

This is a component of Total Billed Tests.

**Molecular Pathology Billed Tests**

Total Billed Tests performed in a molecular pathology setting. Molecular Pathology is the study and cause of molecular diseases.

This is a component of Total Billed Tests.

**Non Hospital Patient Billed Tests**

Total billed tests performed on non-hospital patient specimens. According to CMS, a "non-patient" is defined as a person that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the person is not physically present at the hospital. (All hospitals bill non-patient lab tests on TOB 14X)

**Number of Remote Testing Laboratories**

Total discrete satellite testing laboratories located away from the main laboratory, open eight or more hours per day, and staffed with department personnel. This includes any satellite testing laboratory within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel and open eight or more hours per day.

**Point of Care Billed Tests**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests. Point of Care testing (POCT) defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance with reporting this value.

**Point of Care Billed Tests Not Performed by Lab Staff**

Total CPT codes billed by the patient billing system(s) for Point of Care Billed tests performed by staff in another department. Point of Care testing (POCT) is defined as testing performed at the patient's side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room or wherever medical care may be necessary. A physician, nurse, or other health care professional attending the patient obtains the specimen, performs the analysis, and records the test result. Refer to the department workload worksheet found on the Support Page for assistance with reporting this value.

This is a subset of Point of Care Billed Tests.
Point of Care Testing Analyzers Supported

Total number of Point of Care Testing analyzers supported by the department. Point of Care Testing analyzers allows the analysis of samples or specimens to be performed close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Point of Care Testing Sites Supported

Total number of Point of Care Testing sites supported by the department. Point of Care testing (POCT) is defined as testing performed at the patient’s side. The testing site is usually close to the patient such as at the bedside, ambulatory clinic, nursing unit, emergency room, operating room, or wherever medical care may be necessary.

Special Stains Group I Tests Performed

Total billed tests performed by the department under CPT code 88312 "Special stain including interpretation and report; Group I for microorganisms (e.g., acid fast, methenamine silver)“ for the reporting period.

This is a component of Total Billed Tests.

Special Stains Group II Tests Performed

Total billed tests performed by the department under CPT code 88313 "Special stain including interpretation and report; Group II, all other (e.g., iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry“ for the reporting period.

This is a component of Total Billed Tests.

Specimen Draw Stations Staffed by Lab

Total discrete specimen draw stations, open eight or more hours per day, and staffed with department personnel. This includes any draw station within or outside the facility (more than 100 yards from the main laboratory) staffed by division personnel.

Tissue Products Dispensed

Total number of Tissue Products dispensed for this reporting period.

This is a subset of Tissue Products Received.

Tissue Products Received

Total number of Tissue Products received in this reporting period. Tissue Products contain tissue that is human and non-human in origin and includes but is not limited to tissue used for transplants.
**Tissue Products Transplanted**

Total number of Tissue Products human in origin transplanted for this reporting period.

This is a subset of Tissue Products Dispensed.

**Total Billed Tests**

Total CPT codes billed by the patient billing system(s) for tests, including billed tests performed on units of blood and billed tests sent to reference labs. Exclude STAT fees, phlebotomy charges, and blood/blood product handling fees. Automated multichannel test panels should be given a count of 1. Refer to the Laboratory Services Subset Worksheet found on the Support Page for assistance in reporting this value.

**Total Blood Draws Performed**

Total number of blood draws performed by both Lab and Non Lab staff for the reporting period.

**Total Donor Units Drawn**

Total number of donor units of blood drawn by Lab staff during the reporting period.

**Unbundled Tests**

Total count of tests as reflected on the laboratory's revenue/usage report. Count each CPT code separately, i.e., the tests listed within each panel should be counted separately.

**Units of blood or blood products purchased**

Total number of blood units or blood product units purchased by this department for the reporting period.

**Units of Blood or Blood Products Received**

Total number of blood units or blood product units received. Count all blood units or blood product received by this department for the reporting period.

**Units of Dispensed Blood or Blood Products**

Total number of blood units or blood product units dispensed in this reporting period. Count all blood units or blood product issued or distributed.

This is a subset of Units of Blood or Blood Products Received.

**Units of Transfused Blood or Blood Products**

Total number of blood units or blood product units transfused in this reporting period. A transfusion is the act of transferring blood or blood products to an individual.
This is a subset of Units of Dispensed Blood or Blood Products.

**Other Laboratory Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Transcriptionist**

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Technical**

Total worked hours by lab technicians or lab assistants involved in the analytic phase of testing only. Do not include hours for technologists, lab scientists, phlebotomists or support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Phlebotomist**

Total hours worked by Phlebotomists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
**Worked Hours: Technologist**

Total hours worked by Registered Medical Technologists or equivalent. Exclude management / supervisors.

This is a subset of Worked Hours: Staff.

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**Other Laboratory Services Expense Elements**

**Blood and Immune System Modifiers Expense**

Total Darbepotin, Epoetin, Filgrastim, Pegfilgrastim, Sargramostim, Adalimumab, Alafacept, Aldesleukine, Omalizumab, Interferons all variations, Anticoagulants, Thrombolytic, Hemophilia and Hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Contract Service Expense**

Total expense for services (e.g. collections, transcription) provided by outside contractors.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.

**Medical Supply Expense**
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Outreach Direct Operating Expense**
Total operating expenses (labor and non-labor) exclusively related to the support of all Laboratory Outreach functions and activities (e.g., vehicle maintenance, dedicated phlebotomy, marketing and billing personnel, etc.). These expenses may also be included in other Hours and Expense categories.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Purchased Blood and Blood Products Expense**

Report the sum of purchased blood and blood products, including aphaeresis and autologous transfusions. Do not include hemophilia factor expense.

This is a subset of Medical Supply Expense.

**Referral Testing Service Expense**

Total expense for outside laboratories for testing services not performed on site.

This is a subset of Other Direct Operating Expense.

**Wastage Expense**

Wastage expense includes blood products that are thawed, pooled, prepared and then not used, as well as products that outdate due to over stocked inventory.

This is a component of Other Direct Operating Expense.

**Other Laboratory Services Mandatory Elements**

The following data elements are mandatory for this department:

- Inpatient Billed Tests Performed
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Purchased Blood Product Expense
• Total Billed Tests
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Other Laboratory Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• Bench teaching of department employees
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Stem Cell Bank, Tissue Lab, Apheresis and Hemapheresis

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Laboratory Services)
• Autopsies
• Administration and Support activities for a Laboratory Residency Program
• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products
• Bench teaching of students (non-department employees)
• Clinical Engineer and/or Biomedical Technician
• Cost of hemophilia factors
• Didactic Teaching for phlebotomy (Providing Collection Manager (PDA’s and Printers and training) for nursing services doing arterial line draws)
• Hospital-based School of Medical Technology
• Lab Specimen Registration
• Lab Courier Service (only Courier service specific to the laboratory)

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Laboratory)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Laboratory)

• Repair and Maintenance of Clinical Equipment/Rooms

• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients
Chapter 24. Marketing, Communications, Strategic Planning, Public and Community Relations

This chapter includes the following sections:

- 06110, Combined Marketing, Communications, Strategic Planning and Public/Comm Relations 1148
- 06120, Marketing 1156
- 06130, Internal Communications 1162
- 06140, Public Relations 1167
- 06150, Community Relations 1172
- 06160, Strategic Planning and Business Development 1176
- F6100, Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup 1182
- G6100, Other Marketing, Communications, Strategic Planning and Public/Comm Relations 1188

**06110, Combined Marketing, Communications, Strategic Planning and Public/Comm Relations**

This department combines the marketing, communications, strategic planning, public relations and community relations functions. The department analyzes and develops program offerings, strategic market planning, and hospital image strategies as a means of marketing hospital services. This department also manages media relations, advertising, internal and external communication, and public relations.

**Combined Marketing, Communications, Strategic Planning and Public/Comm Relations Mapping Guidelines**

If you have separate cost centers for Marketing, Communications, Public Relations, Community Relations, and Strategic Planning, you may want to map them individually to the more detailed department. If you map to this department profile as a primary instance, you should not map to the other department profiles as primary instances also.
Combined Marketing, Communications, Strategic Planning and Public/Comm Relations Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department for the reporting period. This value is intended for a department which provides support to more than one hospital within a health system. Sum the number of Adjusted Patient Days for each entity supported and report the value here. The value may exceed the value in the General Facility Department (00100).

Advertisements

The number of discrete advertisements created for all media by the department during the reporting period. This would include all advertisements placed in newspapers, magazines, and other media in digital and non-digital format. The total number of different advertisements composed should be counted, not the number of copies run, the number of newspapers it ran in, or other multiple counts. Do not include press releases in this count.

This is a subset of Promotional Activities.

Average Ad Placement Cost

Enter the average cost to place an advertisement in all media formats. Enter the value in dollars and cents (e.g. 50.00). This would include newspaper, radio, TV, web display, search engine marketing, Facebook ads, Promoted Twitter ads, YouTube ads, etc.

Business Development Plans

The number of formal business development plans prepared or developed by the department during the reporting period. These plans address development of new business activities, including mergers and acquisitions, and/or development of a new service (staging the addition of staff, identifying space requirements, physical relocation of existing services, and projecting patient utilization and revenues). If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.
Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Direct Marketing Contacts

The total number of telephone calls and mail/email contacts to potential or existing customers during the reporting period.

Internal Communications

The total number of communications created and delivered to internal 'customers' during the reporting period. Examples include but are not limited to: newsletters, emails, posters, and videos.

Market Studies

The number of formal market research studies prepared and conducted by the department during the reporting period. Studies typically include analyzing payer class, demographics, competing facility, facility strengths/weaknesses, and public attitude for the past, present, or future. The study may focus on current or projected market position.

Marketing Plans

The number of formal market plans developed by the department during the reporting period. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan.

This is a subset of Strategic and Supplement Plans.

Organizational Strategic Plans

The number of formal organizational strategic plans developed by the department during the reporting period. Strategic plans address the strategy for existing business and organizational processes. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.

Other Promotional Activities

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.

This is a subset of Promotional Activities.
Payment Contract Proposals

The total reimbursement contract proposals prepared. Reimbursement contract proposals prepared may take the form of Capitated, Case Based, Discounted Payment or Per Diem reimbursement and may be with HMOs or PPOs or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

Note: HMO and PPO proposals may use different reimbursement schemes. Be sure to count the proposal here and in the appropriate reimbursement method category (i.e., capitated, case based, discounted payment, per diem).

Place-based Marketing Advertisements

Total number of discrete place-based advertisements created by the department during the reporting period. Place-based advertising encompasses a wide variety of formats (digital and non-digital) that are specially located where particular groups congregate for a variety of purposes. This includes, but is not limited to, individual billboards, bus/taxi/railway signs, stadiums and arenas, shopping malls, etc.

This is a subset of Advertisements.

Press Releases

The total number of press releases created and deployed by the department during the reporting period. Press releases are a written or recorded communication directed at members of the news media for the purpose of announcing something newsworthy. Typically, they are sent to assignment editors at newspapers, magazines, radio stations, television stations, or television networks. Press releases can announce a range of news items, such as scheduled events, personal promotions, awards, new products and services, etc.

This is a subset of Promotional Activities.

Promotional Activities

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.

Public Relations Plans

The number of formal public relations plans developed by the department during the reporting period. These address a general image issue or focus on public attitudes toward a specific issue. The plan will usually address the composition of materials to present to the public, the selection of appropriate media to use for presentation, and follow-up on the effectiveness of the plan.
Radio and Television Features

The number of promotional activities or shows aired on radio or television by the department during the reporting period. This would include all features and shows (e.g., infomercials, telethons, etc.) aired only on radio or television. The total number of different features or shows should be counted, not the number of times the feature or show ran.

This is a subset of Promotional Activities.

Social Media Encounters

Enter the total number of social media encounters during the reporting period. Encounters would include such things as number of website page hits, number of Facebook fans, number of Twitter followers and YouTube video views.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.

Strategic and Supplement Plans

The number of formal strategic and individual supplement plans developed by the department during the reporting period. This may include: market plans, public relations plans, organizational strategic plans and business development plans. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. For example, a market plan includes several sub-plans each addressing a different image campaign, count each sub-plan as one plan. If the plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

Combined Marketing, Communications, Strategic Planning and Public/Comm Relations Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Combined Marketing, Communications, Strategic Planning and Public/Comm Relations Mandatory Elements**

The following data elements are mandatory for this department:

- Market Studies
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Strategic And Supplement Plans
• Worked Hours: Staff

Combined Marketing, Communications, Strategic Planning and Public/Comm Relations Expense Elements

Advertising Expense
Total expense for advertising and marketing for the facility.
This is a subset of Other Direct Operating Expense.

Contract Advertising Expense
Total contract expense for advertising and marketing for the facility.
This is a subset of Contract Service Expense.

Contract Service Expense
Total expense for services (e.g., graphic design, printing) provided by outside contractors.
This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor.
Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

Professional Fee Expense
Total expense for professional fees (e.g., consultants).
This is a subset of Other Direct Operating Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Combined Marketing, Communications, Strategic Planning and Public/Comm Relations Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
- Business development
- Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community
- External Website content management
- Internal communications
- Internal Website content management
- Marketing, e.g., promoting and advertising of Physician Practice services
- Patient Relations
- Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)
- Physician referral call center
- Public Relations
- Strategic Planning and Facilitation

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Conferences and/or Educational events (clinical or leadership)
- Costs for promotional materials for Educational Services Series department sponsored events
- Costs for subscriptions and license fees to databases
• Fund raising activities

• Patient Satisfaction, including the survey process and analysis of the results

06120, Marketing

This department is a strategic business arm to the organization that provides all aspects of marketing functions to the organization. The department forms the communication link between the services offered and physicians, employees, payers, and the community served. Functions include, but are not limited to: market development, marketing strategy development and implementation, brand development and management, primary market research and analytics, advertising and media buys, external digital media strategies and placement, digital and social media management, external internet/public website management, direct marketing (including consumer Physician referral call center), database marketing, community marketing, external publications, physician liaison, service line marketing, and international marketing.

Marketing Mapping Guidelines

If your cost center(s) is less than 80% Marketing (per the department definition), this is not an appropriate choice. Another option is the Combined Marketing, Communications, Strategic Planning, and Public/Community Relations department (06110).

Marketing Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.
Advertisements

The number of discrete advertisements created for all media by the department during the reporting period. This would include all advertisements placed in newspapers, magazines, and other media in digital and non-digital format. The total number of different advertisements composed should be counted, not the number of copies run, the number of newspapers it ran in, or other multiple counts. Do not include press releases in this count.

This is a subset of Promotional Activities.

Average Ad Placement Cost

Enter the average cost to place an advertisement in all media formats. Enter the value in dollars and cents (e.g. 50.00). This would include newspaper, radio, TV, web display, search engine marketing, Facebook ads, Promoted Twitter ads, YouTube ads, etc.

Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Direct Marketing Contacts

The total number of telephone calls and mail/email contacts to potential or existing customers during the reporting period.

Market Studies

The total market research studies prepared. This refers to formal market research studies during the reporting period. Studies typically include analyzing payer class, demographics, competing facility, facility strengths/weaknesses, and public attitude for the past, present, or future. The study may focus on current or projected market position.

Note: If a market study covers multiple data periods, report the study in the period containing the majority of the work, i.e. report the study in the period containing 50 percent or more of the work.

Marketing Plans

The number of formal market plans developed by the department during the reporting period. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan.

This is a subset of Strategic and Supplement Plans.

Other Promotional Activities

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.
This is a subset of Promotional Activities.

**Payment Contract Proposals**

The total reimbursement contract proposals prepared. Reimbursement contract proposals prepared may take the form of Capitated, Case Based, Discounted Payment or Per Diem reimbursement and may be with HMOs or PPOs or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

**Note:** HMO and PPO proposals may use different reimbursement schemes. Be sure to count the proposal here and in the appropriate reimbursement method category (i.e., capitated, case based, discounted payment, per diem).

**Place-based Marketing Advertisements**

Total number of discrete place-based advertisements created by the department during the reporting period. Place-based advertising encompasses a wide variety of formats (digital and non-digital) that are specially located where particular groups congregate for a variety of purposes. This includes, but is not limited to, individual billboards, bus/taxi/railway signs, stadiums and arenas, shopping malls, etc.

This is a subset of Advertisements.

**Press Releases**

The total number of press releases created and deployed by the department during the reporting period. Press releases are a written or recorded communication directed at members of the news media for the purpose of announcing something newsworthy. Typically, they are sent to assignment editors at newspapers, magazines, radio stations, television stations, or television networks. Press releases can announce a range of news items, such as scheduled events, personal promotions, awards, new products and services, etc.

This is a subset of Promotional Activities.

**Promotional Activities**

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.
Radio and Television Features

The number of promotional activities or shows aired on radio or television by the department during the reporting period. This would include all features and shows (e.g., infomercials, telethons, etc.) aired only on radio or television. The total number of different features or shows should be counted, not the number of times the feature or show ran.

This is a subset of Promotional Activities.

Social Media Encounters

Enter the total number of social media encounters during the reporting period. Encounters would include such things as number of website page hits, number of Facebook fans, number of Twitter followers and YouTube video views.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.

Strategic and Supplement Plans

The number of formal strategic and individual supplement plans developed by the department during the reporting period. This may include: market plans, public relations plans, organizational strategic plans and business development plans. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. For example, a market plan includes several sub-plans each addressing a different image campaign, count each sub-plan as one plan. If the plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

Marketing Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Marketing Expense Elements

Advertising Expense

Total expense for advertising and marketing for the facility.

This is a subset of Other Direct Operating Expense.

Contract Service Expense

Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense

Total expense for professional fees (e.g., consultants).

This is a subset of Other Direct Operating Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Marketing Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Marketing Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
• External Website content management
• Marketing, e.g., promoting and advertising of Physician Practice services
• Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)
• Physician referral call center

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Business development
• Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community
• Costs for promotional materials for Educational Services Series department sponsored events
• Costs for subscriptions and license fees to databases
• Fund raising activities
• Internal communications
• Internal Website content management
• Patient Relations
• Patient Satisfaction, including the survey process and analysis of the results
• Public Relations
• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

06130, Internal Communications

This department provides all aspects of internal communication functions for the organization. Functions include, but are not limited to: development and implementation of communications strategies for internal audiences; writing, editing and publishing newsletters, magazines, annual reports, specialty and routine publications in both print and online (visual production); presentation development (internal and external); designs, develops content and manages internal intranet; and internal digital and social media management.
Internal Communications Mapping Guidelines

If your cost center(s) is less than 80% Internal Communications (per the department definition), this is not an appropriate choice. Another option is the 06110, Combined Marketing, Communications, Strategic Planning, and Public/Community Relations department.

Internal Communications Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.

Internal Communications

The total number of communications created and delivered to internal 'customers' during the reporting period. Examples include but are not limited to: newsletters, emails, posters, and videos.

Other Promotional Activities

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.

This is a subset of Promotional Activities.

Promotional Activities

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.
Social Media Encounters

Enter the total number of social media encounters during the reporting period. Encounters would include such things as number of website page hits, number of Facebook fans, number of Twitter followers and YouTube video views.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.

Internal Communication Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Internal Communications Expense Elements

Contract Service Expense

Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense

Total expense for professional fees (e.g., consultants).

This is a subset of Other Direct Operating Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Internal Communications Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Internal Communications Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Internal communications
- Internal Website content management

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
- Business development
- Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community
- Costs for promotional materials for Educational Services Series department sponsored events
- Costs for subscriptions and license fees to databases
- External Website content management
- Fund raising activities
- Marketing, e.g., promoting and advertising of Physician Practice services
• Patient Relations

• Patient Satisfaction, including the survey process and analysis of the results

• Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)

• Physician referral call center

• Public Relations

• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

06140, Public Relations

This department provides all aspects of public and media relations functions for the organization. Functions include, but are not limited to: respond to media requests for interviews and information; news bureau; public affairs, and government relations.

Public Relations Mapping Guidelines

If your cost center(s) is less than 80% Public Relations (per the department definition), this is not an appropriate choice. Another option is the 06110, Combined Marketing, Communications, Strategic Planning, and Public/Community Relations department.

Public Relations Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.
Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Other Promotional Activities

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.

This is a subset of Promotional Activities.

Press Releases

The total number of press releases created and deployed by the department during the reporting period. Press releases are a written or recorded communication directed at members of the news media for the purpose of announcing something newsworthy. Typically, they are sent to assignment editors at newspapers, magazines, radio stations, television stations, or television networks. Press releases can announce a range of news items, such as scheduled events, personal promotions, awards, new products and services, etc.

This is a subset of Promotional Activities.

Promotional Activities

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.

Public Relations Plans

The number of formal public relations plans developed by the department during the reporting period. These address a general image issue or focus on public attitudes toward a specific issue. The plan will usually address the composition of materials to present to the public, the selection of appropriate media to use for presentation, and follow-up on the effectiveness of the plan.

Radio and Television Features

The number of promotional activities or shows aired on radio or television by the department during the reporting period. This would include all features and shows (e.g., infomercials, telethons, etc.) aired only on radio or television. The total number of different features or shows should be counted, not the number of times the feature or show ran.

This is a subset of Promotional Activities.
Social Media Encounters

Enter the total number of social media encounters during the reporting period. Encounters would include such things as number of website page hits, number of Facebook fans, number of Twitter followers and YouTube video views.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.

Public Relations Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Public Relations Expense Elements

Contract Service Expense

Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense

Total expense for professional fees (e.g., consultants).

This is a subset of Other Direct Operating Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Public Relations Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Public Relations Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Patient Relations
- Public Relations

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
- Business development
- Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community
- Costs for promotional materials for Educational Services Series department sponsored events
- Costs for subscriptions and license fees to databases
- External Website content management
- Fund raising activities
- Internal communications
• Internal Website content management
• Marketing, e.g., promoting and advertising of Physician Practice services
• Patient Satisfaction, including the survey process and analysis of the results
• Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)
• Physician referral call center
• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

06150, Community Relations

This department provides all aspects of the community relations functions to the organization. Functions include, but are not limited to: collaborates with community leaders for the community health needs assessment; plans community health events; gathers and reports benefits to the community; works with community organizations.

Community Relations Mapping Guidelines

If your cost center(s) is less than 80% Community Relations (per the department definition), this is not an appropriate choice. Another option is the 06110, Combined Marketing, Communications, Strategic Planning, and Public/Community Relations department.

Community Relations Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.
Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Other Promotional Activities

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.

This is a subset of Promotional Activities.

Promotional Activities

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.

Community Relations Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Community Relations Expense Elements**

**Contract Service Expense**

Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense
Total expense for professional fees (e.g., consultants).

This is a subset of Other Direct Operating Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Community Relations Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Community Relations Normalizations
Include the hours, costs and volumes (where applicable) associated with the following functions:

- Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
• Business development
• Costs for promotional materials for Educational Services Series department sponsored events
• Costs for subscriptions and license fees to databases
• External Website content management
• Fund raising activities
• Internal communications
• Internal Website content management
• Marketing, e.g., promoting and advertising of Physician Practice services
• Patient Relations
• Patient Satisfaction, including the survey process and analysis of the results
• Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)
• Physician referral call center
• Public Relations
• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

06160, Strategic Planning and Business Development

This department establishes the vision, develops and supports the creation of strategic plans/goals and initiatives to improve the organization's long term competitive performance. Functions include, but are not limited to: strategic planning, business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, and researches industry trends and forecasts (secondary market research and analytics). Outputs include, but are not limited to: Strategic Vision, strategic plans, organizational goals, strategic priorities, product portfolio strategies, and market expansion strategies (i.e. mergers and acquisitions).

Strategic Planning and Business Development Mapping Guidelines

If your cost center(s) is less than 80% Strategic Planning and Business Development (per the department definition), this is not an appropriate choice. Another option is the 06110, Combined Marketing, Communications, Strategic Planning, and Public/Community Relations department.
Strategic Planning and Business Development Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.

Business Development Plans

The number of formal business development plans prepared or developed by the department during the reporting period. These plans address development of new business activities, including mergers and acquisitions, and/or development of a new service (staging the addition of staff, identifying space requirements, physical relocation of existing services, and projecting patient utilization and revenues). If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.

Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Market Studies

The total market research studies prepared. This refers to formal market research studies during the reporting period. Studies typically include analyzing payer class, demographics, competing facility, facility strengths/weaknesses, and public attitude for the past, present, or future. The study may focus on current or projected market position.

Note: If a market study covers multiple data periods, report the study in the period containing the majority of the work, i.e. report the study in the period containing 50 percent or more of the work.
Organizational Strategic Plans

The number of formal organizational strategic plans developed by the department during the reporting period. Strategic plans address the strategy for existing business and organizational processes. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.

Other Promotional Activities

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.

This is a subset of Promotional Activities.

Payment Contract Proposals

The total reimbursement contract proposals prepared. Reimbursement contract proposals prepared may take the form of Capitated, Case Based, Discounted Payment or Per Diem reimbursement and may be with HMOs or PPOs or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

Note: HMO and PPO proposals may use different reimbursement schemes. Be sure to count the proposal here and in the appropriate reimbursement method category (i.e., capitated, case based, discounted payment, per diem).

Promotional Activities

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media’s: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.
Strategic and Supplement Plans

The number of formal strategic and individual supplement plans developed by the department during the reporting period. This may include: market plans, public relations plans, organizational strategic plans and business development plans. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. For example, a market plan includes several sub-plans each addressing a different image campaign, count each sub-plan as one plan. If the plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

Strategic Planning and Business Development Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Strategic Planning and Business Development Expense Elements

Contract Service Expense
Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense
Total expense for professional fees (e.g., consultants).

This is a subset of Other Direct Operating Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Strategic Planning and Business Development Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Strategic Planning and Business Development Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Business development
- Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
- Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community
- Costs for promotional materials for Educational Services Series department sponsored events
- Costs for subscriptions and license fees to databases
- External Website content management
- Fund raising activities
- Internal communications
- Internal Website content management
- Marketing, e.g., promoting and advertising of Physician Practice services
- Patient Relations
- Patient Satisfaction, including the survey process and analysis of the results
- Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)
- Physician referral call center
- Public Relations

**F6100, Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup**

This rollup department includes all cost centers belonging to Marketing, Communications, Public Relations, Community Relations, and Strategic Planning Services. It is automatically created by the program when cost center mapping is finalized.

**Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Adjusted Patient Days Supported**

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.

**Advertisements**

The number of discrete advertisements created for all media by the department during the reporting period. This would include all advertisements placed in newspapers, magazines, and other media in digital and non-digital format. The total number of different advertisements composed should be counted, not the number of copies run, the number of newspapers it ran in, or other multiple counts. Do not include press releases in this count.

This is a subset of Promotional Activities.
Average Ad Placement Cost

Enter the average cost to place an advertisement in all media formats. Enter the value in dollars and cents (e.g. 50.00). This would include newspaper, radio, TV, web display, search engine marketing, Facebook ads, Promoted Twitter ads, YouTube ads, etc.

Business Development Plans

The number of formal business development plans prepared or developed by the department during the reporting period. These plans address development of new business activities, including mergers and acquisitions, and/or development of a new service (staging the addition of staff, identifying space requirements, physical relocation of existing services, and projecting patient utilization and revenues). If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.

Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Direct Marketing Contacts

The total number of telephone calls and mail/email contacts to potential or existing customers during the reporting period.

Internal Communications

The total number of communications created and delivered to internal 'customers' during the reporting period. Examples include but are not limited to: newsletters, emails, posters, and videos.

Market Studies

The total market research studies prepared. This refers to formal market research studies during the reporting period. Studies typically include analyzing payer class, demographics, competing facility, facility strengths/weaknesses, and public attitude for the past, present, or future. The study may focus on current or projected market position.

Note: If a market study covers multiple data periods, report the study in the period containing the majority of the work, i.e. report the study in the period containing 50 percent or more of the work.

Marketing Plans

The number of formal market plans developed by the department during the reporting period. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan.
This is a subset of Strategic and Supplement Plans.

**Organizational Strategic Plans**

The number of formal organizational strategic plans developed by the department during the reporting period. Strategic plans address the strategy for existing business and organizational processes. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.

**Other Promotional Activities**

The total other promotional activities (sales calls, telemarketing campaigns, etc.) coordinated.

This is a subset of Promotional Activities.

**Payment Contract Proposals**

The total reimbursement contract proposals prepared. Reimbursement contract proposals prepared may take the form of Capitated, Case Based, Discounted Payment or Per Diem reimbursement and may be with HMOs or PPOs or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

**Note:** HMO and PPO proposals may use different reimbursement schemes. Be sure to count the proposal here and in the appropriate reimbursement method category (i.e., capitated, case based, discounted payment, per diem).

**Place-based Marketing Advertisements**

Total number of discrete place-based advertisements created by the department during the reporting period. Place-based advertising encompasses a wide variety of formats (digital and non-digital) that are specially located where particular groups congregate for a variety of purposes. This includes, but is not limited to, individual billboards, bus/taxi/railway signs, stadiums and arenas, shopping malls, etc.

This is a subset of Advertisements.
Press Releases
The total number of press releases created and deployed by the department during the reporting period. Press releases are a written or recorded communication directed at members of the news media for the purpose of announcing something newsworthy. Typically, they are sent to assignment editors at newspapers, magazines, radio stations, television stations, or television networks. Press releases can announce a range of news items, such as scheduled events, personal promotions, awards, new products and services, etc.

This is a subset of Promotional Activities.

Promotional Activities
The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.

Public Relations Plans
The number of formal public relations plans developed by the department during the reporting period. These address a general image issue or focus on public attitudes toward a specific issue. The plan will usually address the composition of materials to present to the public, the selection of appropriate media to use for presentation, and follow-up on the effectiveness of the plan.

Radio and Television Features
The number of promotional activities or shows aired on radio or television by the department during the reporting period. This would include all features and shows (e.g., infomercials, telethons, etc.) aired only on radio or television. The total number of different features or shows should be counted, not the number of times the feature or show ran.

This is a subset of Promotional Activities.

Social Media Encounters
Enter the total number of social media encounters during the reporting period. Encounters would include such things as number of website page hits, number of Facebook fans, number of Twitter followers and YouTube video views.

Special Events
The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.
This is a subset of Promotional Activities.

**Strategic and Supplement Plans**

The number of formal strategic and individual supplement plans developed by the department during the reporting period. This may include: market plans, public relations plans, organizational strategic plans and business development plans. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. For example, a market plan includes several sub-plans each addressing a different image campaign, count each sub-plan as one plan. If the plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

**Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs. Also report overtime hours worked in the appropriate skill mix categories.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup

Expense Elements

Advertising Expense

Total expense for advertising and marketing for the facility.

This is a subset of Other Direct Operating Expense.

Contract Service Expense

Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Professional Fee Expense
Total expense for professional fees (e.g., consultants).
This is a subset of Other Direct Operating Expense.

Supply Expense
Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

Marketing, Communications, Strat Plan, Public/Comm Relations Functional Rollup Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

G6100, Other Marketing, Communications, Strategic Planning and Public/Comm Relations
This generic department includes all cost centers belonging to Marketing, Communications, Public Relations, Community Relations, and Strategic Planning Services that cannot be mapped to individual marketing, public relations, communications and/or strategic planning departments.
Other Marketing, Communications, Strategic Planning and Public/Comm Relations Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Adjusted Patient Days Supported

The total number of Adjusted Patient Days supported by this department. This reported value is intended for a department providing support to more than one entity within a health system. Add and report the number of Adjusted Patient Days for each entity.

Advertisements

The number of discrete advertisements created for all media by the department during the reporting period. This would include all advertisements placed in newspapers, magazines, and other media in digital and non-digital format. The total number of different advertisements composed should be counted, not the number of copies run, the number of newspapers it ran in, or other multiple counts. Do not include press releases in this count.

This is a subset of Promotional Activities.

Average Ad Placement Cost

Enter the average cost to place an advertisement in all media formats. Enter the value in dollars and cents (e.g. 50.00). This would include newspaper, radio, TV, web display, search engine marketing, Facebook ads, Promoted Twitter ads, YouTube ads, etc.

Business Development Plans

The number of formal business development plans prepared or developed by the department during the reporting period. These plans address development of new business activities, including mergers and acquisitions, and/or development of a new service (staging the addition of staff, identifying space requirements, physical relocation of existing services, and projecting patient utilization and revenues). If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.
Covered Lives

Enter the number of covered lives during the reporting period. For ActionOI purposes, Covered Lives are consumers covered under the health system insurance plan.

Direct Marketing Contacts

The total number of telephone calls and mail/email contacts to potential or existing customers during the reporting period.

Internal Communications

The total number of communications created and delivered to internal 'customers' during the reporting period. Examples include but are not limited to: newsletters, emails, posters, and videos.

Market Studies

The number of formal market research studies prepared and conducted by the department during the reporting period. Studies typically include analyzing payer class, demographics, competing facility, facility strengths/weaknesses, and public attitude for the past, present, or future. The study may focus on current or projected market position.

Marketing Plans

The number of formal market plans developed by the department during the reporting period. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan.

This is a subset of Strategic and Supplement Plans.

Organizational Strategic Plans

The number of formal organizational strategic plans developed by the department during the reporting period. Strategic plans address the strategy for existing business and organizational processes. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. If a plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.

This is a subset of Strategic and Supplement Plans.

Other Promotional Activities

The number of other promotional activities coordinated, conducted or delivered by the department during the reporting period. Examples include sales calls and telemarketing campaigns. Do not include advertisements, radio and television features, special events or press releases in this count, as they should be reported in the elements above.
This is a subset of Promotional Activities.

**Payment Contract Proposals**

The total reimbursement contract proposals prepared. Reimbursement contract proposals prepared may take the form of Capitated, Case Based, Discounted Payment or Per Diem reimbursement and may be with HMOs or PPOs or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

*Note:* HMO and PPO proposals may use different reimbursement schemes. Be sure to count the proposal here and in the appropriate reimbursement method category (i.e., capitated, case based, discounted payment, per diem).

**Place-based Marketing Advertisements**

Total number of discrete place-based advertisements created by the department during the reporting period. Place-based advertising encompasses a wide variety of formats (digital and non-digital) that are specially located where particular groups congregate for a variety of purposes. This includes, but is not limited to, individual billboards, bus/taxi/railway signs, stadiums and arenas, shopping malls, etc.

This is a subset of Advertisements.

**Press Releases**

The total number of press releases created and deployed by the department during the reporting period. Press releases are a written or recorded communication directed at members of the news media for the purpose of announcing something newsworthy. Typically, they are sent to assignment editors at newspapers, magazines, radio stations, television stations, or television networks. Press releases can announce a range of news items, such as scheduled events, personal promotions, awards, new products and services, etc.

This is a subset of Promotional Activities.

**Promotional Activities**

The number of new promotional activities prepared, coordinated, and/or conducted by the department during the reporting period. Include discrete advertisements created for print media, advertisements or shows aired on radio or television, special events, and other promotional activities. Promotional activities can be delivered via a variety of media's: print media which includes newspaper and magazines, electronic media which includes radio and television, digital media which includes internet, social networking and social media sites and lastly, outdoor media which includes banner ads, billboards, etc.
Public Relations Plans

The number of formal public relations plans developed by the department during the reporting period. These address a general image issue or focus on public attitudes toward a specific issue. The plan will usually address the composition of materials to present to the public, the selection of appropriate media to use for presentation, and follow-up on the effectiveness of the plan.

Radio and Television Features

The number of promotional activities or shows aired on radio or television by the department during the reporting period. This would include all features and shows (e.g., infomercials, telethons, etc.) aired only on radio or television. The total number of different features or shows should be counted, not the number of times the feature or show ran.

This is a subset of Promotional Activities.

Social Media Encounters

Enter the total number of social media encounters during the reporting period. Encounters would include such things as number of website page hits, number of Facebook fans, number of Twitter followers and YouTube video views.

Special Events

The number of special events coordinated by the department during the reporting period. This would include events such as health screenings, health fairs, lectures, etc. with the purpose of promoting the organization. The organization must participate in the event and it may be one of several other facilities present. The length/duration of the event does not impact the total count. For example, presence at a two day event, a one day event, a one hour event, or a four hour event all count as one event.

This is a subset of Promotional Activities.

Strategic and Supplement Plans

The number of formal strategic and individual supplement plans developed by the department during the reporting period. This may include: market plans, public relations plans, organizational strategic plans and business development plans. For comprehensive plans (annual or otherwise) that contain several sub-plans, count each sub-plan as equivalent to one plan. For example, a market plan includes several sub-plans each addressing a different image campaign, count each sub-plan as one plan. If the plan development straddles reporting periods, count the plan in the reporting period that it is 50 percent completed. If you have reported a plan as being developed in a prior reporting period, do not include it in the current reporting period.
Other Marketing, Communications, Strategic Planning and Public/Comm Relations Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Other Marketing, Communications, Strategic Planning and Public/Comm Relations Expense Elements

Contract Service Expense
Total expense for services (e.g., graphic design, printing) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Professional Fee Expense
Total expense for professional fees (e.g., consultants).

This is a subset of Other Direct Operating Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.
Other Marketing, Communications, Strategic Planning and Public/Comm Relations Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Other Marketing, Communications, Strategic Planning and Public/Comm Relations Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Brand development and management
- Business development
- Community relations, e.g., collaborates with community leaders for the community health needs assessment, plans community health events, gathers and reports benefits to the community
- External Website content management
- Internal communications
- Internal Website content management
- Marketing, e.g., promoting and advertising of Physician Practice services
- Patient Relations
- Physician liaison (staff acting as a point of contact between Physician / Providers and Hospital Administration)
- Physician referral call center
- Public Relations
• Strategic Planning and Facilitation, e.g., business development, portfolio management, strategic partnerships and alliances, strategic performance, development of overall organizational strategies, researching industry trends and forecasts

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Conferences and/or Educational events (clinical or leadership)
• Costs for promotional materials for Educational Services Series department sponsored events
• Costs for subscriptions and license fees to databases
• Fund raising activities
• Patient Satisfaction, including the survey process and analysis of the results
• Sales and marketing activities for a Laboratory Outreach program
Chapter 25. Medical Staff Services

This chapter includes the following sections:

- 06510, Medical Staff Services 1197
- G6500, Other Medical Staff Office Services 1203

06510, Medical Staff Services

This department supports the medical staff organization and its functions by providing credentialing and appointment coordination; meeting coordination and minutes preparation; file, roster and bylaw maintenance; and Joint Commission compliance review.

Medical Staff Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Other Physicians on Active Medical Staff

The total number of active physicians on the medical staff and supported by the department for Medical Staff Office functions who have admitted less than 20 patients during the last year. Count only those active physicians whose credentialing and recredentialing are handled by this department. In some instances, these professionals may not be employed by the hospital. Exclude associate, consulting, inactive, or emeritus status. Examples of Other Active Physicians may include Radiologists, Pathologists, and Hospitalists.

This is a subset of Medical Staff Members.
Allied Health Professionals

The total number of allied health professions on the medical staff and supported by the department. Count only Allied Health professionals (e.g., nurse practitioners, occupational therapists, physical therapists, radiographers, respiratory therapists, CRNAs) whose credentialing and re-credentialing are handled by this department.

This is a subset of Medical Staff Members.

Courtesy Physician Staff

The total number of physicians that do not qualify as active physicians on the medical staff. Count these physicians only if they are supported by the department, such as re-credentialing and meetings. Include associate, consulting, in-active and Emeritus status. Count only courtesy physicians whose credentialing and re-credentialing are handled by this department. This category represents physicians who make fewer than 20 inpatient admissions a year. Include Associate, Consulting, In-Active and Emeritus status.

This is a subset of Medical Staff Members.

Facilities Supported by Department

Total discrete physical facilities (e.g., hospitals, home health agencies, physician practice offices, rehab facilities) supported by the department. For a facility to qualify, the department should perform at least 80% of the relevant workload required by the facility.

Medical Staff Applications Processed

The total applications for medical staff appointment, reappointment, credentialing and/or privileging processed during the reporting period. The value entered should include only application packages received and processed in their entirety (i.e. received, primary verification complete, coordination and review by medical staff office, reviewed by medical staff executive committee and/or credentials committee, and Governing Body granted/denied membership and/or privileges).

If the department supports multiple entities and processes applications for multiple facilities, count the application processed once. For example: Your department processed an application for a physician who has privileges at 5 facilities, only count 1 application processed, not 5.

Medical Staff Meetings Attended

The total medical staff and medical staff committee meetings attended for the purpose of scribing minutes. This refers to meetings that the department staff provide some degree of support to. If actual counts are not maintained and meeting schedules stay relatively stable throughout the reporting period you may take a representative month and multiply by the number of months in the reporting period.
Medical Staff Members

The total number of individual physicians (including active and courtesy medical staff members) and Allied Health professionals supported by the department for Medical Staff Office functions. Count only medical staff members whose credentialing is handled by this department. The count of medical staff members is made up of three components:

- Active Physicians
- Courtesy Physician Staff
- Allied Health Professionals

For ActionOI purposes, active physicians are defined as physicians who have admitted at least 20 patients during the last year. Courtesy physicians are defined as physicians who, although they have not met the 20 admissions criteria, still go through the appointment application process. Be sure to count new physicians on provisional status. Count all allied health professionals whose credentialing is handled by this department. In some instances, these professionals may not be employed by the hospital. For example, a Nurse Practitioner may be employed in private practice but still take histories, etc. in the inpatient setting.

New Appointment Applications Processed

The total applications for initial medical staff appointment processed during the reporting period.

This is a subset of Medical Staff Applications Processed.

Other Physicians on Active Medical Staff

The total number of active physicians on the medical staff and supported by the department for Medical Staff Office functions who have admitted less than 20 patients during the last year. Count only those active physicians whose credentialing and recredentialing are handled by this department. In some instances, these professionals may not be employed by the hospital. Exclude associate, consulting, inactive, or emeritus status. Examples of Other Active Physicians may include Radiologists, Pathologists, and Hospitalists.

This is a subset of Medical Staff Members.
Physicians On Active Medical Staff

The total number of active physicians on the medical staff and supported by the department for Medical Staff Office functions. To qualify as active, physicians must have admitted at least 20 inpatients during the last year. Count only those active physicians whose credentialing and recredentialing are handled by this department. "Active" refers to at least 20 inpatient admissions a year. In some instances, these professionals may not be employed by the hospital. Exclude Associate, Consulting, In-active, or Emeritus status.

This is a subset of Medical Staff Members.

Medical Staff Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Administrator

The total hours paid for physicians providing administrative services.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Administrator

Total hours worked by physicians providing administrative services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Medical Staff Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Administrative Payroll Expense

Total hours expense for physicians providing administrative services.

This is a subset of Labor Expense.
Physician Professional Expense

Total expense for physicians or physician groups on contract with the facility to provide administrative services.

This is a subset of Other Direct Operating Expense.

Residency Program Expense

Total expenses related to Residency Program (e.g., drug costs, travel and meal reimbursement). Exclude residents’ payroll expenses.

This is a subset of Other Direct Operating Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Medical Staff Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Medical Staff Members
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Physicians On Active Medical Staff
- Worked Hours: Staff

Medical Staff Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care
• Medical staff office, Medical Affairs, CME, and associated secretarial staff

• Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence

**G6500, Other Medical Staff Office Services**

If you have a cost center in this series that does not appropriately map to any of the individual departments, map to this department.

**Other Medical Staff Office Services Workload Volumes**

**Medical Staff Members**

The total number of individual physicians (including active and courtesy medical staff members) and Allied Health professionals supported by the department for Medical Staff Office functions. Count only medical staff members whose credentialing is handled by this department. The count of medical staff members is made up of three components:

- Active Physicians
- Courtesy Physician Staff
- Allied Health Professionals

For ActionOI purposes, active physicians are defined as physicians who have admitted at least 20 patients during the last year. Courtesy physicians are defined as physicians who, although they have not met the 20 admissions criteria, still go through the appointment application process. Be sure to count new physicians on provisional status. Count all allied health professionals whose credentialing is handled by this department. In some instances, these professionals may not be employed by the hospital. For example, a Nurse Practitioner may be employed in private practice but still take histories, etc. in the inpatient setting.

**Other Physicians on Active Medical Staff**

The total number of active physicians on the medical staff and supported by the department for Medical Staff Office functions who have admitted less than 20 patients during the last year. Count only those active physicians whose credentialing and re-credentialing are handled by this department. In some instances, these professionals may not be employed by the hospital. Exclude associate, consulting, inactive, or emeritus status. Examples of Other Active Physicians may include Radiologists, Pathologists, and Hospitalists.
Physicians On Active Medical Staff

The total number of active physicians on the medical staff and supported by the department for Medical Staff Office functions. To qualify as active, physicians must have admitted at least 20 inpatients during the last year. Count only those active physicians whose credentialing and recredentialing are handled by this department. "Active" refers to at least 20 inpatient admissions a year. In some instances, these professionals may not be employed by the hospital. Exclude Associate, Consulting, In-active, or Emeritus status.

Other Medical Staff Office Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Administrator

Total hours worked by physicians providing administrative services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Medical Staff Office Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Other Medical Staff Office Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff
Other Medical Staff Office Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Medical care evaluation via peer review, e.g., evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care

- Medical staff office, Medical Affairs, CME, and associated secretarial staff

- Physician Accreditation, e.g., activities involved in the verification of physician qualifications, granting of specific clinical privileges based on evaluation of competence
Chapter 26. Neurodiagnostic Services

This chapter includes the following sections:

- 04310, Neurodiagnostic Laboratory (EEG) 1207
- 04320, Sleep Diagnostic Center 1212
- G4300, Other EEG Services 1219
- Neurodiagnostic Services Worksheet 1223

04310, Neurodiagnostic Laboratory (EEG)

This department provides neurological evaluation and diagnosis to patients with known or suspected neurological trauma or dysfunction (i.e., disorders of the nervous system, which include diseases of the central and peripheral nervous system and muscles).

Neurodiagnostic Laboratory (EEG) Mapping Guidelines

If your cost center's patient population is less than 80% electroencephalography (EEG), electromyography (EMG), or nerve conduction velocity (NCV) and other related procedures, this department may not be an appropriate choice. Another option might be the 04220, Combined Noninvasive Cardiology and Vascular Services department or the G4300, Other EEG Services department.

Neurodiagnostic Laboratory (EEG) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

EEG Procedures

The total number of EEG procedures provided for patients in the inpatient, outpatient, and emergency departments. Do not include when these procedures are done in operating room.
This is a subset of Total Procedures.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Procedures.

**Night Procedures**

Total sleep studies performed during the patient's normal night sleep cycle.

This is a subset of Total Procedures.

**Sleep Study Procedures**

The total sleep and brain mapping studies performed.

This is a subset of Total Procedures.

**Total Patients**

Total number of inpatients and outpatients receiving services from the department.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Neurodiagnostic Laboratory (EEG) Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physician providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Neurodiagnostic Technical Staff

Total hours worked by Technical staff. This includes Registered EEG Technologist, Registered Evoked Potential Technologist, Registered Electro Neurodiagnostic Technologist, etc.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Neurodiagnostic Laboratory (EEG) Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Neurodiagnostic Laboratory (EEG) Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

Neurodiagnostic Laboratory (EEG) Normalizations

Exclude the hours costs and volumes (where applicable) associated with the

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Repair and Maintenance of Clinical Equipment/Rooms

04320, Sleep Diagnostic Center

This department provides diagnosis and treatment of sleep apnea and other sleep-related disorders such as narcolepsy, insomnia etc. The sleep lab department includes pre-procedure activity (holding area), performance of the procedure, and post-procedure recovery. Report sleep apnea procedures and pulmonary function, electroencephalography, electrocardiography and plethysmography procedures if they are performed in the sleep lab cost center.
Sleep Diagnostic Center Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Beds

The total discrete patient spaces designed and equipped for sleep studies. Such spaces may accommodate routine neurodiagnostic procedures as well as sleep studies.

Follow-Up Visits

Total subsequent visits by patients for follow-up or reevaluation of initial diagnosis.

This is a subset of Patient Visits.

In Lab Inpatient Procedures

The total inpatient procedures performed in the sleep diagnostic center laboratory area.

This is a subset of Inpatient Procedures.

In Lab Outpatient Procedures

The total outpatient procedures performed in the sleep diagnostic center laboratory area.

This is a subset of Outpatient Procedures.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Procedures.
Out of Lab Inpatient Procedures
The total inpatient procedures performed with portable equipment outside of the sleep diagnostic center laboratory area.
This is a subset of Inpatient Procedures.

Out of Lab Outpatient Procedures
The total outpatient procedures performed with portable equipment outside of the sleep diagnostic center.
This is a subset of Outpatient Procedures.

Outpatient Procedures
The total procedures performed in support of outpatients. This refers to procedures performed in an ambulatory care setting and/or considered an outpatient service.
This is a subset of Total Procedures.

Patient Initial Visits
The total number of initial visits that are supported by the department. Initial visits are visits by patients who have never been seen by the department, who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site.
This is a subset of Patient Visits.

Patient Visits
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Sleep Diagnostic Center Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Neurodiagnostic Technical Staff
Total hours worked by Technical staff. This includes certified Polysomnographic Technologist, etc.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: Polysomnographer**

Total hours worked by board certified/eligible polysomnographers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Sleep Diagnostic Center Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Sleep Diagnostic Center Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Sleep Diagnostic Center Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

- Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures
- Sleep studies
Exclude the hours and costs associated with the following function:

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms

**G4300, Other EEG Services**

This generic department includes all cost centers belonging to Neurodiagnostic Services that cannot be mapped to individual Neurodiagnostic Services departments.

**Other EEG Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Neurodiagnostic Technical Staff**

Total hours worked by Technical staff. This includes Registered EEG Technologist, Registered Evoked Potential Technologist, Registered Electro Neurodiagnostic Technologist, certified Polysomnographic technologist, etc.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.
**Worked Hours: Polysomnographer**

Total hours worked by registered Polysomnographers.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other EEG Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Other EEG Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Other EEG Services Normalizations**

Exclude the hours costs and volumes (where applicable) associated with the

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms

**Neurodiagnostic Services Worksheet**

The worksheets are Microsoft Excel spreadsheets. The worksheets contain all necessary computational formulas. For more information about worksheets, refer to Using Worksheets. The worksheets can be found on the Support tab of ActionOI. Use the following for help with this series.

• APC and Work RVU Worksheet
Chapter 27. Nursing Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 01010, Medical/Surgical Intensive Care Unit 1227
- 01011, Medical Intensive Care Unit 1233
- 01012, Surgical Intensive Care Unit 1238
- 01013, Med/Surg/Cardiac Intensive Care Unit 1244
- 01014, Medical/Cardiac Intensive Care Unit 1250
- 01016, Trauma Intensive Care Unit 1256
- 01020, Bone Marrow Transplant Intensive Care Unit 1262
- 01021, Burn Care Intensive Care Unit 1267
- 01022, Cardiac Intensive Care Unit 1273
- 01023, Cardiovascular Surgical Intensive Care Unit 1279
- 01024, Cardio/Thoracic Intensive Care Unit w/o Transplant 1284
- 01025, Cardio/Thoracic Intensive Care Unit with Transplant 1290
- 01035, Neurology / Neurosurgical Intensive Care Unit 1296
- 01060, Pediatric Intensive Care Unit 1302
- 01110, Medical/Surgical Intermediate Care Unit 1307
- 01111, Med/Surg/Cardiac Intermediate Care Unit 1313
- 01112, Respiratory Intermediate Care Unit 1318
- 01122, Cardiac Intermediate Care Unit 1323
- 01123, Transplant Intermediate Care Unit 1328
- 01160, Pediatric Intermediate Care Unit 1334
• 01210, Medical/Surgical Acute Care Unit 1339
• 01211, General Medical Acute Care Unit 1344
• 01212, General Surgical Acute Care Unit 1349
• 01213, Med/Surg/Cardiac Acute Care Unit 1354
• 01214, Med/Surg/Oncology Acute Care Unit 1359
• 01234, Renal/Nephrology Acute Care Unit 1364
• 01235, Neurology/Neurosurgical Acute Care Unit 1369
• 01238, Oncology Inpatient Unit 1375
• 01239, Orthopedic/Neurology Acute Care Unit 1380
• 01240, Orthopedic Acute Care Unit 1385
• 01260, Pediatric Acute Care Unit 1390
• 01261, Pediatric Oncology Acute Care Unit 1395
• 01270, Labor/Delivery/Recovery/Postpartum/Nursery 1400
• 01271, Labor/Delivery/Recovery/Postpartum Unit 1410
• 01272, Mother/Baby Unit 1417
• 01273, Obstetrics/Gynecology Unit 1425
• 01274, Obstetrics Unit 1431
• 01275, Gynecology Unit 1436
• 01276, High Risk Obstetrical Unit 1442
• 01277, Neonatal Intensive Care Unit (NICU) 1447
• 01278, Neonatal Intermediate Unit 1454
• 01280, Newborn Nursery 1462
• 01285, Labor/Delivery with Recovery 1469
• 01350, Peds/Adolescent Behavioral Health Unit 1477
- 01360, Chemical Dependency Unit 1482
- 01390, Behavioral Health Unit 1487
- 01410, Acute Rehabilitation Unit 1492
- 01530, Skilled Nursing Unit 1498
- 01535, Subacute Nursing Unit 1503
- 01550, Long Term Care Unit 1509
- 01570, Hospice / Palliative Care Unit 1516
- 01620, Medical/Surgical Unit With Swing Beds 1521
- 01630, Blended Acuity Unit 1527
- 01710, Observation Unit 1534
- 01810, IV Team (Vascular Access) 1538
- 01830, Centralized Telemetry 1542
- 01910, Nursing Administration 1546
- 01911, Nurse Staffing Office 1551
- F1000, Nursing Services Functional Rollup 1555
- G1000, Generic Nursing Services 1563
- G1001, Generic Intensive Care Unit 1569
- G1101, Generic Intermediate Care Unit 1575
- G1201, Generic Acute Care Unit 1581
- G1301, Generic Behavioral Health Unit 1586
- G1401, Generic Rehabilitation Unit 1591
- G1501, Generic Non Acute Care Unit 1597
- I1000, Intensive Care Units Intermediate Rollup 1603
- I1100, Intermediate Care Units Intermediate Rollup 1609
01010, Medical/ Surgical Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for both medical and post-surgical patients having experienced shock, trauma, or other life-threatening conditions. This unit supports a mix of medical and surgical intensive patients.

Medical/Surgical ICU Inpatient Unit Mapping Guidelines

If your cost center's patient population is greater than 65% medical only or greater than 65% surgical only, this department may not be an appropriate choice. Other options include the 01011, Medical Intensive Care Unit department or 01012, Surgical Intensive Care Unit department.

Medical/Surgical ICU Inpatient Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.
Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.
Medical/ Surgical Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

Medical/Surgical Intensive Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01011, Medical Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for medical, non-surgical, patients having experienced shock, trauma, or other life-threatening conditions.

Medical Intensive Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% medical, this department may not be an appropriate choice. Another option would be the 01010, Medical/Surgical Intensive Care Unit department.

Medical Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Number of Stepdown Beds**

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra-unit transfers such as from a semi-private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Medical Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department.

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Total Number of Stepdown Beds
• Worked Hours: Physician Provider
• Worked Hours: Staff

Medical Intensive Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Case Management (manages patient care while the patient is undergoing treatment)

01012, Surgical Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for patients with serious illness before and/or after surgery.
Surgical Intensive Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% surgical, this department may not be an appropriate choice. Another option would be the 01010, Medical/Surgical Intensive Care Unit department.

Surgical Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element “Admissions”. Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Surgical Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
• Worked Hours: Physician Provider

• Worked Hours: Staff

**Surgical Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

**01013, Med/Surg/Cardiac Intensive Care Unit**

This unit provides intensive, comprehensive care and monitoring for medical, surgical, and cardiac patients having experienced shock, trauma, or other life-threatening conditions. This unit supports a mix of medical, surgical, and cardiac intensive patients.

**Med/Surg/Cardiac Intensive Care Unit Mapping Guidelines**

If your cost center's patient population is greater than 65% cardiac only or greater than 65% medical only, or more than 65% surgical only, this department may not be an appropriate choice. Other options include the 01010, Medical/Surgical Intensive Care Unit department; 01011, Medical Intensive Care Unit department; 01012, Surgical Intensive Care Unit department; or 01014, Medical/Cardiac Intensive Care Unit department.
**Med/Surg/Cardiac Intensive Care Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.
**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.
This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Number of Stepdown Beds**

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.
Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Med/Surg/Cardiac Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

Med/Surg/Cardiac Intensive Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

01014, Medical/Cardiac Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for both medical (non-surgical) and cardiac patients with serious heart problems that do not require heart surgery. This unit supports a mix of medical and cardiac intensive patients.

Medical/Cardiac Intensive Care Unit Mapping Guidelines

If your cost center's patient population is greater than 65% medical only or 65% cardiac only, this department may not be an appropriate choice. Other options include the 01022, Cardiac Intensive Care Unit department or the 01011, Medical Intensive Care Unit department.

Medical/Cardiac/Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.
Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.
Medical/Cardiac Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

Medical/Cardiac Intensive Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01016, Trauma Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for trauma patients who have experienced shock or other life-threatening conditions. Trauma Intensive Care Units specialize in the care of patients who require a high level of monitoring and/or intervention following trauma, or during critical illness related to trauma.

Trauma Intensive Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% trauma, this department may not be an appropriate choice. Another option would be the 01010, Medical/Surgical Intensive Care Unit department.

Trauma Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.
Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity
**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Trauma Intensive Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Trauma Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Case Management (manages patient care while the patient is undergoing treatment)
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
01020, Bone Marrow Transplant Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for the treatment of patients who undergo bone marrow (stem cell) transplant for the treatment of various disorders.

Bone Marrow Transplant Intensive Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% bone marrow transplant, this department may not be an appropriate choice. Another option would be the 01010, Medical/Surgical Intensive Care Unit department.

Bone Marrow Transplant Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nursing Services

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN
Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days
Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits
Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days
The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out
Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Number of Stepdown Beds**

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Bone Marrow Transplant Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Total Number of Stepdown Beds
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Bone Marrow Transplant Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically ‘sit’ in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Case Management (manages patient care while the patient is undergoing treatment)

**01021, Burn Care Intensive Care Unit**

This unit provides intensive, comprehensive care and observation for patients with thermal, electrical and chemical burns, cold injury, and skin diseases, or infection. Care provided for these patients involves a more intensive treatment than general acute care.

**Burn Care Intensive Care Unit Mapping Guidelines**
Given the highly specialized focus for this type of unit, there is no minimum % threshold to meet. However, the Patient Specialty % is mandatory and it must be reported.

**Burn Care Intensive Care Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.
This is a subset of Total Activity Volume.

**Intensive Care Patient Days**

Total patient days represented by patients with 3rd degree burn, monitored, and/or ventilator dependent.

This is a subset of Patient Days.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be $500 \div 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 \div 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 \div 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Burn Care Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Patient Specialty %
- Physician Provider Professional Fee Expense
• Total Number of Stepdown Beds

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Burn Care Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

**01022, Cardiac Intensive Care Unit**

This unit provides intensive, comprehensive care and monitoring for patients with heart-related, life-threatening conditions, including heart seizure or open heart surgery.

**Cardiac Intensive Care Unit Mapping Guidelines**

If your cost center's patient population is less than 65% cardiac patients requiring specialized cardiac intensive care, this department may not be an appropriate choice. Other options include the 01010, Medical/Surgical Intensive Care Unit department or the 01013, Med/Surg/Cardiac Intensive Care Unit department.

**Cardiac Intensive Care Unit Workload Volumes**
Admissions
The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity
Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.
**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.
This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.
**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Number of Stepdown Beds**

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.
This is a subset of Patient Days.

**Cardiac Intensive Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Cardiac Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01023, Cardiovascular Surgical Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for post-surgical cardiac patients.

Cardiovascular Surgical Intensive Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% cardiovascular surgical, this department may not be an appropriate choice. Another option would be the 01014, Medical/Cardiac Intensive Care Unit department.

Cardiovascular Surgical Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level
Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %
Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds
The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Cardiovascular Surgical Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Total Number of Stepdown Beds
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Cardiovascular Surgical Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

**01024, Cardio/Thoracic Intensive Care Unit w/o Transplant**

This unit provides intensive, comprehensive care and monitoring for patients following cardiac and/or thoracic surgery. This unit supports a mix of both cardiac and thoracic intensive care patients, however patients in this unit are not part of a thoracic organ transplant program.
Cardio/Thoracic Intensive Care Unit w/o Transplant Mapping Guidelines

If your cost center's patient population is less than 65% cardiovascular/thoracic and any patients are transplant patients, this department may not be an appropriate choice. Another option would be the 01025, Cardio/Thoracic Intensive Care Unit with Transplant Unit department.

Cardio/Thoracic Intensive Care Unit w/o Transplant Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Cardio/Thoracic Intensive Care Unit w/o Transplant Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
• Worked Hours: Physician Provider

• Worked Hours: Staff

Cardio/Thoracic Intensive Care Unit w/o Transplant Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01025, Cardio/Thoracic Intensive Care Unit with Transplant

This unit provides intensive, comprehensive care and monitoring for patients following cardiac and/or thoracic surgery. This unit represents a mix of both cardiac and thoracic intensive care patients. Patients in this unit are a part of a thoracic organ transplant program or may have a history of a thoracic transplant.

Cardio/Thoracic Intensive Care Unit with Transplant Mapping Guidelines

If your cost center's patient population is less than 65% cardiovascular/thoracic experiencing transplantation, this department may not be an appropriate choice. Another option would be the 01024, Cardio/Thoracic Intensive Care Unit Without Transplant Unit department.
Cardio/Thoracic Intensive Care Unit with Transplant Workload Volumes

Admissions
The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity
Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.
Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.
This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Number of Stepdown Beds**

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges.

Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.
**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be $500 \div 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 \div 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 \div 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Cardio/Thoracic Intensive Care Unit with Transplant Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Cardio/Thoracic Intensive Care Unit with Transplant Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

**01035, Neurology / Neurosurgical Intensive Care Unit**

This unit provides intensive, comprehensive care and monitoring for medical or surgical patients requiring specialized treatment for life-threatening neurological diseases or disorders.

**Neurology / Neurosurgical Intensive Care Unit Mapping Guidelines**

If your cost center's patient population is less than 65% neurology/neurosurgical, this department may not be an appropriate choice. Another option would be the 01010, Medical/Surgical Intensive Care Unit department.

**Neurology/Neurosurgical Intensive Care Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out
Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %
Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Stroke Patient Days
Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.

This is a subset of Patient Days.
**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Neurology / Neurosurgical Intensive Care Unit Mandatory Elements**

The following data elements are mandatory for this department:
• Bed Capacity
• Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Total Number of Stepdown Beds
• Worked Hours: Physician Provider
• Worked Hours: Staff

Neurology/Neurosurgical Intensive Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Case Management (manages patient care while the patient is undergoing treatment)
01060, Pediatric Intensive Care Unit

This unit provides intensive, comprehensive care and monitoring for pediatric patients (under 18 years of age) who are critically ill with medical and/or surgical conditions.

Pediatric Intensive Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% pediatric, this department may not be an appropriate choice. Other options include the 01010, Medical/Surgical Intensive Care Unit department, 01011, Medical Intensive Care Unit department, or 01012, Surgical Intensive Care Unit department.

Pediatric Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Pediatric Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Pediatric Intensive Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

**01110, Medical/Surgical Intermediate Care Unit**

This unit provides care for post-critical (step-down) medical or surgical patients who require observation and care at a level less than intensive care patients, but more comprehensive than that required by general acute patients. This unit represents a mix of medical and surgical patients including monitored or ventilator-dependent patients.
Medical/Surgical Intermediate Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% medical/surgical step-down, this department may not be an appropriate choice. Other options include the 01211, General Medical Acute Care Unit department or 01212, General Surgical Acute Care Unit department.

Medical/Surgical Intermediate Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.
This is a subset of Patient Days.

**Medical/Surgical Intermediate Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Medical/Surgical Intermediate Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

- Case Management (manages patient care while the patient is undergoing treatment)

**01111, Med/Surg/Cardiac Intermediate Care Unit**

This unit provides care for post-critical (step-down) medical, surgical, or cardiac patients requiring observation and care at a level less than intensive care patients, but more comprehensive than that required by general acute patients. This unit represents a mix of medical, surgical, and cardiac patients including monitored and ventilator-dependent patients.

**Med/Surg/Cardiac Intermediate Care Unit Mapping Guidelines**

If your cost center's patient population is more than 65% cardiac only, or 65% medical and surgical only, this department may not be an appropriate choice. Other options include 01122, Cardiac Intermediate Unit department or 01110, Medical/Surgical Intermediate Unit department.

**Med/Surg/Cardiac Intermediate Care Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Med/Surg/Cardiac Intermediate Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Med/Surg/Cardiac Intermediate Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Case Management (manages patient care while the patient is undergoing treatment)

01112, Respiratory Intermediate Care Unit

This unit provides care for respiratory patients requiring observation and care at a level less than intensive care patients, but more comprehensive than that required by general acute patients. This unit represents patients who are under respiratory care who may also be monitored or ventilator-dependent.

Respiratory Intermediate Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% respiratory, this department may not be an appropriate choice. Other options include the 01110, Medical/Surgical Intermediate Care Unit department.

Respiratory Intermediate Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level
Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN
Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days
Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits
Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days
The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Respiratory Intermediate Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Respiratory Intermediate Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Case Management (manages patient care while the patient is undergoing treatment)

**01122, Cardiac Intermediate Care Unit**

This unit provides care for post-critical (step-down) cardiac patients requiring telemetry monitoring, possible ventilator support, and observation. The care provided in this unit is less than intensive care, but more comprehensive than is required by general acute patients. Patients may require specialty IV drips.

**Cardiac Intermediate Care Unit Mapping Guidelines**

If your cost center's patient population is less than 65% cardiac, this department may not be an appropriate choice. Other options include the 01110, Medical/Surgical Intermediate Care Unit department or the 01111, Med/Surg/Cardiac Intermediate Care Unit department.
Cardiac Intermediate Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.
Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.
This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Cardiac Intermediate Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
Cardiac Intermediate Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01123, Transplant Intermediate Care Unit

This unit provides care for transplant patients requiring observation and care less than intensive care, but more comprehensive than is required by general acute patients.
Transplant Intermediate Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% transplant, this department may not be an appropriate choice. Another option would be the 01110, Medical/Surgical Intermediate Care Unit department.

Transplant Intermediate Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.
This is a subset of Patient Days.

**Transplant Intermediate Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Transplant Intermediate Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01160, Pediatric Intermediate Care Unit

This unit provides care for post-critical (step-down) pediatric patients (18 years of age or less) requiring close supervision and monitoring. The care provided in this unit is more comprehensive than is required by general acute patients.

Pediatric Intermediate Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% pediatric, this department may not be an appropriate choice. Another option would be the 01110, Medical/Surgical Intermediate Care Unit department.

Pediatric Intermediate Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract-agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %
Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Pediatric Intermediate Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Pediatric Intermediate Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01210, Medical/Surgical Acute Care Unit

This unit provides general acute care for a mix of both medical and surgical patients.

Medical/Surgical Acute Care Unit Mapping Guidelines

If your cost center's patient population is greater than 65% medical only, or greater than 65% surgical only, this department may not be an appropriate choice. Other options include the 01211, General Medical Acute Care Unit department or the 01212, General Surgical Acute Care Unit department.

Medical/Surgical/Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (in!patient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Medical/Surgical Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Medical/Surgical Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01211, General Medical Acute Care Unit

This unit provides general acute care for medical patients only.

General Medical Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% medical, this department may not be an appropriate choice. Other options include the 01210, Medical/Surgical Acute Care Unit department or the 01212, General Surgical Acute Care Unit department.

General Medical Acute Care Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

General Medical Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
General Medical Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01212, General Surgical Acute Care Unit

This unit provides general acute care for surgical patients.

General Surgical Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% surgical, this department may not be an appropriate choice. Other options include the 01211, General Medical Acute Care Unit department or the 01210, Medical/Surgical Acute Care Unit department.

General Surgical Acute Care Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

The total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

The total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra-unit transfers such as from a semi-private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

General Surgical Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
General Surgical Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01213, Med/Surg/Cardiac Acute Care Unit

This unit provides general acute care and monitoring for a mix of medical, surgical, and cardiac patients. This unit may also provide telemetric monitoring of patients.

Med/Surg/Cardiac Acute Care Unit Mapping Guidelines

If your cost center's patient population is greater than 65% medical only, or greater than 65% surgical only, or greater than 65% cardiac only, this department may not be an appropriate choice. Other options include the 01212, General Surgical Acute Care Unit department; the 01211, General Medical Acute Care Unit department; or the 01210, Medical/Surgical Acute Care Unit department.

Med/Surg/Cardiac Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Med/Surg/Cardiac Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
**Med/Surg/Cardiac Acute Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

**01214, Med/Surg/Oncology Acute Care Unit**

This unit provides general acute care for a mix of medical, surgical, and oncology patients.

**Med/Surg/Oncology Acute Care Unit Mapping Guidelines**

If your cost center's patient population is greater than 65% medical only, greater than 65% surgical only, or greater than 65% oncology only, this department may not be an appropriate choice. Another option would include the 01210, Medical/Surgical Acute Care Unit department or 01238, Oncology Acute Care Unit department.

**Med/Surg/Oncology Acute Care Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Med/Surg/Oncology Acute Care Unit  Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Medical/Surgical/Oncology Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01234, Renal/Nephrology Acute Care Unit

This unit provides general acute care for patients with renal system (kidney) dysfunction.

Renal/Nephrology Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% renal, this department may not be an appropriate choice. Another option would include the 01212, General Surgical Acute Care Unit department.

Renal/Nephrology Acute Care Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level
Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN
Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days
Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits
Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days
The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Renal/Nephrology Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Renal/Nephrology Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01235, Neurology/Neurosurgical Acute Care Unit

This unit provides general acute care for medical and surgical patients with neurological (nervous system) dysfunction.

Neurology/Neurosurgical Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% neurology/neurosurgical, this department may not be an appropriate choice. Another option would include the 01212, General Surgical Acute Care Unit department.

Neurology/Neurosurgical Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity
Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
**Patient Discharges And Transfers Out**  
Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**  
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**  
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**  
Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

**Pressure Ulcers: Community acquired**  
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**  
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Stroke Patient Days**  
Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.

This is a subset of Patient Days.
Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Neurology/Neurosurgical Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:
- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Neurology/Neurosurgical Acute Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)
01238, Oncology Inpatient Unit

This unit provides general acute care for patients undergoing diagnosis and treatment for cancer disorders.

Oncology Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% oncology, this department may not be an appropriate choice. Other options include the 01211, General Medical Acute Care Unit department, the 01212, General Surgical Acute Care Unit department or the 01210, Medical/Surgical Acute Care Unit department.

Oncology Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Oncology Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Oncology Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

01239, Orthopedic/Neurology Acute Care Unit

This unit provides general acute care for both surgical orthopedic patients and patients with neurological system dysfunction. This unit represents a mix of patients.

Orthopedic/Neurology Acute Care Unit Mapping Guidelines

If your cost center's patient population is greater than 65% surgical orthopedic only or greater than 65% neurologic only, this department may not be an appropriate choice. Another option would include the 01212, General Surgical Acute Care Unit department or the 01235, Neurology/Neurosurgical Acute Care Unit department.

Orthopedic/Neurology Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to a single RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.
Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Orthopedic/Neurology Acute Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Orthopedic/Neurology Acute Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
Clinical/nursing staff acting as educators who perform unit/department specific training

Patient Sitters who physically ‘sit’ in the patients’ room (do not include staff who watches video monitors in lieu of physically sitting in the patient’s room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

**01240, Orthopedic Acute Care Unit**

This unit provides general acute care for the evaluation, treatment or surgery on bones, joints, and associated structures by an orthopedist.

**Orthopedic Acute Care Unit Mapping Guidelines**

If your cost center’s patient population is less than 65% orthopedic, this department may not be an appropriate choice. Other options include the 01212, General Surgical Acute Care Unit department or the 01210, Medical/Surgical Acute Care Unit department.

**Orthopedic Acute Care Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %
Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Orthopedic Acute Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Orthopedic Acute Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01260, Pediatric Acute Care Unit

This unit provides general acute care for pediatric patients (18 years of age or less).

Pediatric Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% pediatric, this department may not be an appropriate choice. Other options include the 01211, General Medical Acute Care Unit department, the 01212, General Surgical Acute Care Unit department, or the 01210, Medical/Surgical Acute Care Unit department.

Pediatric Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Pediatric Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Pediatric Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Case Management (manages patient care while the patient is undergoing treatment)

01261, Pediatric Oncology Acute Care Unit

This unit provides specialty care for the management and treatment of pediatric patients (18 years of age or less) with cancer disorders.

Pediatric Oncology Acute Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% pediatric oncology, this department may not be an appropriate choice. Other options include the 01238, Oncology Acute Care Unit department or the 01260, Pediatric Acute Care Unit department.

Pediatric Oncology Acute Care Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Pediatric Oncology Acute Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Pediatric Oncology Acute Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Case Management (manages patient care while the patient is undergoing treatment)

01270, Labor/Delivery/Recovery/Postpartum/Nursery

This unit provides labor, delivery, recovery, postpartum, and newborn (LDRPN) services. The OB Triage function is included here if performed by staff in this department. Ambulatory birthing centers are excluded.

Labor/Delivery/Recovery/Postpartum/Nursery Mapping Guidelines

If your cost center's patient population is less than 65% of combined labor, delivery, recovery, postpartum, and newborn care, this department may not be an appropriate choice. Other options include the 01272, Mother/Baby Unit department or the 01271, Labor/Delivery/Recovery/Postpartum Unit department.

Labor/Delivery/Recovery/Postpartum/Nursery Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Antenatal And Postnatal Procedures

The total number of antenatal and postnatal procedures performed. Procedures include, but are not limited to: stress tests, non-stress tests, ultrasound, fetal monitoring, cesarean sections, tubal ligations, D & C, and placement or removal of a cervical cerclage.
Antenatal Observation Days

Total observation hours for antenatal patients divided by 24. Include true observation patient hours only. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

This is a subset of Outpatient Observation Days.

Bassinet Capacity

Total number of bassinets during the reporting period permanently maintained for neonates. Bassinets must be available for use and housed in rooms or wards (i.e., not in corridors or temporary beds). The term "bassinet capacity" as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds/bassinets are added to or taken out of service.

This is a subset of Bed Capacity.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Inductions and Augmentations

Total number of deliveries requiring a medical induction which involves the use of medications or other methods to bring on labor and the number of deliveries requiring an augmentation which involves an intervention that is intended to increase the intensity of labor, usually when the caregiver feels that the labor is not progressing or progressing too slowly.
Labor and Delivery OR Minutes
Enter the total number of minutes patients spent in an operating room on the Labor and Delivery unit.

Labor and Delivery Visits
Total number of occurrences when an ante partum patient receives one or more services, such as delivery, examination, testing or nursing care, provided by specially trained nursing personnel. Even though one patient may have multiple visits during a specified time period, each visit is counted.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Live Births
Total number of live births delivered by Labor and Delivery unit patients. Include multiple births as number babies; i.e. twins count as two.

This is a subset of Neonate Deliveries.

Minimum Staffing Level
Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Mother Discharges
Total number of patients (mothers) discharged from the patient care unit during the reporting period. Include deaths and patients who leave the hospital against medical advice or without formal notification.
This is a subset of Patient Discharges and Transfers Out (Mother).

**Mother Transfer Outs**

Total number of patients (mothers) transferred out of this patient care unit to another patient care unit within the hospital. Exclude intra-unit transfers (such as from a semi-private to a private room within the unit). Report transfers to another facility as discharges.

This is a subset of Patient Discharges and Transfers Out (Mother).

**Neonate Deliveries**

Total neonate deliveries including live births and stillborns. Include multiple births as number of neonates delivered, e.g., twins count as two.

**Neonate Discharges**

Total number of patients (neonates) discharged from the patient care unit during the reporting period. Include deaths and patients who leave the hospital against medical advice or without formal notification.

This is a subset of Patient Discharges and Transfers Out (Neonate).

**Neonate Transfers Out**

Total number of patients (neonates) transferred out of this patient care unit to another patient care unit within the hospital. Exclude intra-unit transfers (such as from a semi-private to a private room within the unit). Report transfers to another facility as discharges.

This is a subset of Patient Discharges and Transfers Out (Neonate).

**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Days (Mother and Neonate)**

Total inpatient days (mother and neonate).

**Patient Days (Neonate)**

Total neonatal inpatient days.

This is a subset of Patient Days (Mother And Neonate).

**Patient Days: Neonate Level I**

Total patient days for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks' gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

This is a subset of Patient Days (Neonate).

**Patient Days: Neonate Level II**

Total patient days for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks' gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

This is a subset of Patient Days (Neonate).
Patient Days: Neonate Level III

Total patient days for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Days (Neonate).

Patient Days: Neonate Level IV

Total patient days for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Patient Days (Neonate).

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Discharges and Transfers Out (Mother)

Mother discharges and transfers out (including deaths). If unavailable, mother admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Discharges and Transfers Out (Neonate)

Neonate discharges and transfers out (including deaths). If unavailable, neonate admissions and transfers in may be used.

This is a subset of Total Activity Volume.
Patient Discharges: Neonate Level I

Total discharges for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks’ gestation who remain physiologically stable; and infants born at less than 35 weeks’ gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

Patient Discharges: Neonate Level III

Total discharges for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Neonate Discharges.

Patient Discharges: Neonate Level IV

Total discharges for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Neonate Discharges.

Patient In Labor Hours

The total number of hours patients spent in active labor (contractions less than 6 minutes apart, and cervix dilation > 3.0 cm to delivery).

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Primary C Sections

Total number of primary cesarean sections performed on department patients.

This is a subset of Total C Sections.
**Repeat C Sections**

The total number of patients delivering an infant via a cesarean section, after one or more previous deliveries via cesarean section.

This is a subset of Total C Sections.

**Stillborns**

The total number of fetuses delivered that died in the womb after having survived through the first 20 weeks of pregnancy and which the end of the pregnancy is unintentional.

This is a subset of Neonate Deliveries.

**Successful VBACS**

Total number of patients delivering via normal vaginal means, following a previous delivery via C-section.

This is a subset of Vaginal Deliveries.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total C Sections**

Total number of patients delivering an infant via a cesarean section.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Vaginal Deliveries**

Total number of patients delivering an infant via normal vaginal means.

**Labor/Delivery/Recovery/Postpartum/Nursery Mandatory Elements**

The following data elements are mandatory for this department:
• Bassinet Capacity
• Bed Capacity
• Labor Expense
• Labor And Delivery Visits
• Labor Expense: Physician Provider
• Neonate Deliveries
• Other Direct Operating Expense
• Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days (Level 1 Neonate)
• Patient Days (Level 2 Neonate)
• Patient Days (Level 3 Neonate)
• Patient Days (Mother And Neonate)
• Patient Days (Neonate)
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Labor/Delivery/Recovery/Postpartum/Nursery Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators or ‘preceptors’ who perform training on the unit/department
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Midwife

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort
01271, Labor/Delivery/Recovery/Postpartum Unit

This department provides labor, delivery, recovery and postpartum (LDRP) services all within the same suite. The OB Triage function is included here if performed by staff in this department. Ambulatory birthing centers are excluded.

Labor/Delivery/Recovery/Postpartum Unit Mapping Guidelines

If your cost center's patient population is less than 65% of combined labor, delivery, recovery, and postpartum care, this department may not be an appropriate choice. Other options include the 01272, Mother/Baby Unit department; the 01270, Labor/Delivery/Recovery/Postpartum/Nursery Unit department.

Labor/Delivery/Recovery/Postpartum Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Antenatal And Postnatal Procedures

The total number of antenatal and postnatal procedures performed. Procedures include, but are not limited to: stress tests, non-stress tests, ultrasound, fetal monitoring, cesarean sections, tubal ligations, D & C, and placement or removal of a cervical cerclage.

Antenatal Observation Days

Total observation hours for antenatal patients divided by 24. Include true observation patient hours only. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

This is a subset of Outpatient Observation Days.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Inductions and Augmentations**

Total number of deliveries requiring a medical induction which involves the use of medications or other methods to bring on labor and the number of deliveries requiring an augmentation which involves an intervention that is intended to increase the intensity of labor, usually when the caregiver feels that the labor is not progressing or progressing too slowly.

**Labor and Delivery OR Minutes**

Enter the total number of minutes patients spent in an operating room on the Labor and Delivery unit.

**Labor and Delivery Visits**

Total number of occurrences when an ante partum patient receives one or more services, such as delivery, examination, testing or nursing care, provided by specially trained nursing personnel. Even though one patient may have multiple visits during a specified time period, each visit is counted.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Live Births**

Total number of live births delivered by Labor and Delivery unit patients. Include multiple births as number babies; i.e. twins count as two.

This is a subset of Neonate Deliveries.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Mother Discharges**

Total number of patients (mothers) discharged from the patient care unit during the reporting period. Include deaths and patients who leave the hospital against medical advice or without formal notification.

This is a subset of Patient Discharges and Transfers Out (Mother).

**Mother Transfer Outs**

Total number of patients (mothers) transferred out of this patient care unit to another patient care unit within the hospital. Exclude intra-unit transfers (such as from a semi-private to a private room within the unit). Report transfers to another facility as discharges.

This is a subset of Patient Discharges and Transfers Out (Mother).

**Neonate Deliveries**

Total neonate deliveries including live births and stillborns. Include multiple births as number of neonates delivered, e.g., twins count as two.

**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges and Transfers Out (Mother)

Mother discharges and transfers out (including deaths). If unavailable, mother admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient In Labor Hours

The total number of hours patients spent in active labor (contractions less than 6 minutes apart, and cervix dilation > 3.0 cm to delivery).

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.
Primary C Sections

Total number of primary cesarean sections performed on department patients.

This is a subset of Total C Sections.

Repeat C Sections

The total number of patients delivering an infant via a cesarean section, after one or more previous deliveries via cesarean section.

This is a subset of Total C Sections.

Stillborns

The total number of fetuses delivered that died in the womb after having survived through the first 20 weeks of pregnancy and which the end of the pregnancy is unintentional.

This is a subset of Neonate Deliveries.

Successful VBACS

Total number of patients delivering via normal vaginal means, following a previous delivery via C-section.

This is a subset of Vaginal Deliveries.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total C Sections

Total number of patients delivering an infant via a cesarean section.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Vaginal Deliveries

Total number of patients delivering an infant via normal vaginal means.

Labor/Delivery/Recovery/Postpartum Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor And Delivery Visits
- Labor Expense: Physician Provider
- Neonate Deliveries
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Labor/Delivery/Recovery/Postpartum Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Midwife

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort
01272, Mother/Baby Unit

This unit provides antepartum/antenatal and postpartum/postnatal care for maternity patients and normal newborns.

Mother/Baby Unit Mapping Guidelines

If your cost center's patient population is less than 65% antepartum/antenatal and postpartum/postnatal care for maternity patients and normal newborns, this department may not be an appropriate choice. Other options might include the 01270, Labor/Delivery/Recovery/Postpartum/Nursery Unit department or 01271, Labor/Delivery/Recovery/Postpartum Unit department.

Mother/Baby Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Antenatal And Postnatal Procedures

The total number of antenatal and postnatal procedures performed. Procedures include, but are not limited to: stress tests, non-stress tests, ultrasound, fetal monitoring, Cesarean sections, tubal ligations, D & C, and placement or removal of a cervical cerclage.

Bassinet Capacity

Total number of bassinets during the reporting period permanently maintained for neonates. Bassinets must be available for use and housed in rooms or wards (i.e., not in corridors or temporary beds). The term "bassinet capacity" as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds/bassinets are added to or taken out of service.

This is a subset of Bed Capacity.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Mother Discharges**

Total number of patients (mothers) discharged from the patient care unit during the reporting period. Include deaths and patients who leave the hospital against medical advice or without formal notification.

This is a subset of Patient Discharges and Transfers Out (Mother).

**Mother Transfer Outs**

Total number of patients (mothers) transferred out of this patient care unit to another patient care unit within the hospital. Exclude intra-unit transfers (such as from a semi-private to a private room within the unit). Report transfers to another facility as discharges.

This is a subset of Patient Discharges and Transfers Out (Mother).

**Neonate Discharges**

Total number of patients (neonates) discharged from the patient care unit during the reporting period. Include deaths and patients who leave the hospital against medical advice or without formal notification.

This is a subset of Patient Discharges and Transfers Out (Neonate).

**Neonate Transfers Out**

Total number of patients (neonates) transferred out of this patient care unit to another patient care unit within the hospital. Exclude intra-unit transfers (such as from a semi-private to a private room within the unit). Report transfers to another facility as discharges.

This is a subset of Patient Discharges and Transfers Out (Neonate).

**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days (Mother and Neonate)

Total inpatient days (mother and neonate).

Patient Days (Neonate)

Total neonatal inpatient days.

This is a subset of Patient Days (Mother And Neonate).

Patient Days: Neonate Level I

Total patient days for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks' gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

This is a subset of Patient Days (Neonate).
Patient Days: Neonate Level II

Total patient days for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks' gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

This is a subset of Patient Days (Neonate).

Patient Days: Neonate Level III

Total patient days for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Days (Neonate).

Patient Days: Neonate Level IV

Total patient days for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Patient Days (Neonate).

Patient Discharges and Transfers Out (Mother)

Mother discharges and transfers out (including deaths). If unavailable, mother admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Discharges and Transfers Out (Neonate)

Neonate discharges and transfers out (including deaths). If unavailable, neonate admissions and transfers in may be used.

This is a subset of Total Activity Volume.
**Patient Discharges: Neonate Level I**

Total discharges for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks’ gestation who remain physiologically stable; and infants born at less than 35 weeks’ gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

This is a subset of Neonate Discharges.

**Patient Discharges: Neonate Level II**

Total discharges for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks’ gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

This is a subset of Neonate Discharges.

**Patient Discharges: Neonate Level III**

Total discharges for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Neonate Discharges.

**Patient Discharges: Neonate Level IV**

Total discharges for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Neonate Discharges.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.
Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Mother/Baby Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bassinet Capacity
- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days (Level 1 Neonate)
- Patient Days (Level 2 Neonate)
- Patient Days (Level 3 Neonate)
- Patient Days (Mother And Neonate)
- Patient Days (Neonate)
• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Mother Baby Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators or ‘preceptors’ who perform training on the unit/department

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort

**01273, Obstetrics/Gynecology Unit**

This unit provides antepartum and postpartum care for maternity patients and general acute care for female patients requiring reproductive system intervention.

**Obstetrics/Gynecology Unit Mapping Guidelines**

If your cost center's patient population is greater than 65% obstetric only or greater than 65% gynecology only, this department may not be an appropriate choice. Other options include the 01274, Obstetric Unit department, or the 01275, Gynecology Unit department.

**Obstetrics/Gynecology Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Antenatal And Postnatal Procedures**

The total number of antenatal and postnatal procedures performed. Procedures include, but are not limited to: stress tests, non-stress tests, ultrasound, fetal monitoring, cesarean sections, tubal ligations, D & C, and placement or removal of a cervical cerclage.
**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.
Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %
Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Obstetrics/Gynecology Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Obstetrics / Gynecology Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort
01274, Obstetrics Unit

This unit provides antepartum and postpartum care for maternity patients. Gynecology patients are excluded.

Obstetrics Unit Mapping Guidelines

If your cost center's patient population is less than 65% obstetric, this department may not be an appropriate choice. Another option might be the 01273, Obstetric/Gynecology Unit department.

Obstetrics Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Antenatal And Postnatal Procedures

The total number of antenatal and postnatal procedures performed. Procedures include, but are not limited to: stress tests, non-stress tests, ultrasound, fetal monitoring, cesarean sections, tubal ligations, D & C, and placement or removal of a cervical cerclage.

Bassinet Capacity

Total number of bassinets during the reporting period permanently maintained for neonates. Bassinets must be available for use and housed in rooms or wards (i.e., not in corridors or temporary beds). The term "bassinet capacity" as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds/bassinets are added to or taken out of service.

This is a subset of Bed Capacity.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.
**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges.

Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Obstetrics Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider

• Worked Hours: Staff

**Obstetrics Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort

01275, Gynecology Unit

This unit provides general acute care for female patients diagnosed and receiving treatments for reproductive system dysfunction. Obstetric (maternity) patients are excluded.

Gynecology Unit Mapping Guidelines

If your cost center’s patient population is less than 65% gynecology, this department may not be an appropriate choice. Another option might be the 01273, Obstetric/Gynecology Unit department.

Gynecology Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %
Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Gynecology Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Gynecology Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
- Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transplant Coordinator
- Transport of patients not requiring clinical escort
01276, High Risk Obstetrical Unit

This unit provides intensive, comprehensive care and monitoring for antepartum/antenatal and postpartum/postnatal patients who have complications, obstetrical and/or medical, that impact their pregnancy.

High Risk Obstetrical Unit Mapping Guidelines

If your cost center's patient population is less than 65% high risk obstetric patients, this department may not be an appropriate choice. Other options include the 01274 Obstetrics Unit department; the 01271, Labor/Delivery/Recovery/Postpartum Unit department; or the 01273, Obstetrics/Gynecology Unit department.

High Risk Obstetrical Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

High Risk Obstetrical Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

High Risk Obstetrical Unit Normalizations
Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
- Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Birth certificate preparation - the time needed to complete and submit the documentation required by the state
- Case Management (manages patient care while the patient is undergoing treatment)
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Transport of patients not requiring clinical escort

01277, Neonatal Intensive Care Unit (NICU)

This unit provides intensive, comprehensive care and monitoring for neonates who are experiencing life-threatening conditions. According to the American Academy of Pediatrics (AAP), this would be a Level III or Level IV designation.

Neonatal Intensive Care Unit (NICU) Mapping Guidelines

Given the highly specialized focus for this type of unit, there is no minimum % threshold (i.e. greater than 65%) of Level III or Level IV neonate patients to meet. However, the Patient Specialty % data element is mandatory and it must be reported.

Neonatal Intensive Care Unit (NICU) Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bassinet Capacity

Total number of bassinets during the reporting period permanently maintained for neonates. Bassinets must be available for use and housed in rooms or wards (i.e., not in corridors or temporary beds). The term "bassinet capacity" as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds/bassinets are added to or taken out of service.

This is a subset of Bed Capacity.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days: Neonate Level I

Total patient days for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks' gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

This is a subset of Patient Days (Neonate).

Patient Days: Neonate Level II

Total patient days for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks' gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

This is a subset of Patient Days (Neonate).
Patient Days: Neonate Level III

Total patient days for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Days (Neonate).

Patient Days (Mother and Neonate)

Total inpatient days (mother and neonate).

Patient Days (Neonate)

Total neonatal inpatient days.

This is a subset of Patient Days (Mother And Neonate).

Patient Days: Neonate Level IV

Total patient days for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Patient Days (Neonate).

Patient Discharges (Neonate)

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out (Neonate).

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.
This is a subset of Total Activity Volume

Patient Discharges: Neonate Level I

Total discharges for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks’ gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

Patient Discharges: Neonate Level II

Total discharges for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks’ gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

Patient Discharges: Neonate Level III

Total discharges for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g, and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Discharges (Neonate).

Patient Discharges: Neonate Level IV

Total discharges for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care; infants with birth weight of more than 1000 g and gestational age of more than 28 weeks; for extremely low birth weight infants (1000 g birth weight or less and 28 or less weeks' gestation). Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Discharges (Neonate).

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.
**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Neonatal Intensive Care Unit (NICU) Mandatory Elements**

The following data elements are mandatory for this department:

- Bassinet Capacity
• Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days (Level 1 Neonate)
• Patient Days (Level II Neonate)
• Patient Days (Level III Neonate)
• Patient Days (Neonate)
• Patient Specialty %
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Neonatal Intensive Care Unit (NICU) Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators or ‘preceptors’ who perform training on the unit/department
• Patient Sitters who physically ‘sit’ in the patients’ room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort

01278, Neonatal Intermediate Unit

This unit provides care for post-critical (step-down) neonates and infants requiring close monitoring but less care than a NICU, but more comprehensive than is required by normal newborn/nursery patients. According to the American Academy of Pediatrics (AAP), this would be a Special Care Nursery Level II designation.
Neonatal Intermediate Unit Mapping Guidelines

Given the highly specialized focus for this type of unit, there is no minimum % threshold (i.e. greater than 65%) of Level II neonate patients to meet. However, the Patient Specialty % data element is mandatory and it must be reported.

Neonatal Intermediate Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bassinet Capacity

Total number of bassinets during the reporting period permanently maintained for neonates. Bassinets must be available for use and housed in rooms or wards (i.e., not in corridors or temporary beds). The term "bassinet capacity" as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds/bassinets are added to or taken out of service.

This is a subset of Bed Capacity.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.
Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days: Neonate Level I

Total patient days for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks' gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

This is a subset of Patient Days (Neonate).

Patient Days: Neonate Level II

Total patient days for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks' gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

This is a subset of Patient Days (Neonate).

Patient Days: Neonate Level III

Total patient days for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Days (Neonate).

Patient Days (Neonate)

Total neonatal inpatient days.

This is a subset of Patient Days (Mother And Neonate).
Patient Days: Neonate Level IV

Total patient days for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Patient Days (Neonate).

Patient Discharges (Neonate)

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out (Neonate).

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Discharges: Neonate Level I

Total discharges for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks’ gestation who remain physiologically stable; and infants born at less than 35 weeks’ gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

Patient Discharges: Neonate Level II

Total discharges for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks’ gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.
Patient Discharges: Neonate Level III

Total discharges for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Discharges (Neonate).

Patient Discharges: Neonate Level IV

Total discharges for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care; infants with birth weight of more than 1000 g and gestational age of more than 28 weeks; for extremely low birth weight infants (1000 g birth weight or less and 28 or less weeks' gestation). Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Discharges (Neonate).

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.
**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Neonatal Intermediate Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bassinet Capacity
- Labor Expense
- Labor Expense: Physician Provider
• Other Direct Operating Expense
• Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days (Level 1 Neonate)
• Patient Days (Level II Neonate)
• Patient Days (Level III Neonate)
• Patient Days (Neonate)
• Patient Specialty %
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Neonatal Intermediate Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators or ‘preceptors’ who perform training on the unit/department
• Patient Sitters who physically ‘sit’ in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state
• Case Management (manages patient care while the patient is undergoing treatment)
• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort

01280, Newborn Nursery

This unit provides care for normal newborn infants. According to the American Academy of Pediatrics (AAP), this would be a Well Newborn Level I designation.

Newborn Nursery Mapping Guidelines

If your department provides less than 65% of normal newborn care, this department is not an appropriate choice. Other options might include the 01278, Neonatal Intermediate Unit department or the 01272, Mother/Baby Unit department.
Newborn Nursery Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bassinet Capacity

Total number of bassinets during the reporting period permanently maintained for neonates. Bassinets must be available for use and housed in rooms or wards (i.e., not in corridors or temporary beds). The term "bassinet capacity" as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds/bassinets are added to or taken out of service.

This is a subset of Bed Capacity.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.
Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.
This is a subset of Total Activity Volume.

**Patient Days (Neonate)**

Total neonatal inpatient days.

This is a subset of Patient Days (Mother And Neonate).

**Patient Days: Neonate Level I**

Total patient days for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks' gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

This is a subset of Patient Days (Neonate).

**Patient Days: Neonate Level II**

Total patient days for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks' gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.

This is a subset of Patient Days (Neonate).

**Patient Days: Neonate Level III**

Total patient days for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g, and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Days (Neonate).
Patient Days: Neonate Level IV

Total patient days for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

This is a subset of Patient Days (Neonate).

Patient Discharges (Neonate)

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out (Neonate).

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Discharges: Neonate Level I

Total discharges for Level I neonates. According to the American Academy of Pediatrics (AAP), Level I (basic) refers to postnatal care of healthy newborn infants; for infants born at 35 to 37 weeks’ gestation who remain physiologically stable; and infants born at less than 35 weeks' gestational age and are held until transferred to a facility that can provide the appropriate level of neonatal care.

Patient Discharges: Neonate Level II

Total discharges for Level II neonates. According to the American Academy of Pediatrics (AAP), Level II (specialty) refers to postnatal care of infants born at more than 32 weeks’ gestation and weighing more than 1500 g who have physiologic immaturity (such as apnea of prematurity, inability to maintain body temperature, or inability to take oral feedings); who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis; or who are convalescing from intensive care. Level II neonates may require mechanical ventilation for brief durations (less than 24 hours) or continuous positive airway pressure.
Patient Discharges: Neonate Level III

Total discharges for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Discharges (Neonate).

Patient Discharges: Neonate Level IV

Total discharges for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care; infants with birth weight of more than 1000 g and gestational age of more than 28 weeks; for extremely low birth weight infants (1000 g birth weight or less and 28 or less weeks' gestation). Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

This is a subset of Patient Discharges (Neonate).

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.
This is a subset of Patient Discharges and Transfers Out.

**Newborn Nursery Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days (Level 1 Neonate)
- Patient Days (Level 2 Neonate)
- Patient Days (Level 3 Neonate)
- Patient Days (Neonate)
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Newborn Nursery Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Excluding the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort

01285, Labor/Delivery with Recovery

This department provides labor, delivery, and recovery (LDR) services. The OB Triage function is included here if performed by staff in this department. Postpartum, infant care, and ambulatory birthing centers are excluded.
Labor/Delivery with Recovery Mapping Guidelines

If your cost center's patient population is less than 65% labor and delivery, this department may not be an appropriate choice. Another option might include the 01273, Obstetrics/Gynecology Unit department.

Labor/Delivery with Recovery Workload  Volumes

Antenatal And Postnatal Procedures

The total number of antenatal and postnatal procedures performed. Procedures include, but are not limited to: stress tests, non-stress tests, ultrasound, fetal monitoring, cesarean sections, tubal ligations, D & C, and placement or removal of a cervical cerclage.

Antenatal Observation Days

Total observation hours for antenatal patients divided by 24. Include true observation patient hours only. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

This is a subset of Outpatient Observation Days.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Inductions and Augmentations

Total number of deliveries requiring a medical induction which involves the use of medications or other methods to bring on labor and the number of deliveries requiring an augmentation which involves an intervention that is intended to increase the intensity of labor, usually when the caregiver feels that the labor is not progressing or progressing too slowly.

Invasive Procedures

The total invasive procedures, such as Cesarean sections, tubal ligations, and D&C.
This is a subset of Antenatal/Postnatal Procedures.

**Labor and Delivery OR Minutes**

Enter the total number of minutes patients spent in an operating room on the Labor and Delivery unit.

**Labor and Delivery Visits**

Total number of occurrences when an ante partum patient receives one or more services, such as delivery, examination, testing or nursing care, provided by specially trained nursing personnel. Even though one patient may have multiple visits during a specified time period, each visit is counted.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Live Births**

Total number of live births delivered by Labor and Delivery unit patients. Include multiple births as number babies; i.e. twins count as two.

This is a subset of Neonate Deliveries.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Neonate Deliveries

Total neonate deliveries including live births and stillborns. Include multiple births as number of neonates delivered, e.g., twins count as two.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

The total number of outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient In Labor Hours

The total number of hours patients spent in active labor (contractions less than 6 minutes apart, and cervix dilation > 3.0 cm to delivery).

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.
Primary C Sections

Total number of primary cesarean sections performed on department patients.

This is a subset of Total C Sections.

Repeat C Sections

The total number of patients delivering an infant via a cesarean section, after one or more previous deliveries via cesarean section.

This is a subset of Total C Sections.

Stillborns

The total number of fetuses delivered that died in the womb after having survived through the first 20 weeks of pregnancy and which the end of the pregnancy is unintentional.

This is a subset of Neonate Deliveries.

Successful VBACS

Total number of patients delivering via normal vaginal means, following a previous delivery via C-section.

This is a subset of Vaginal Deliveries.

Total C Sections

Total number of patients delivering an infant via a cesarean section.

Vaginal Deliveries

Total number of patients delivering an infant via normal vaginal means.

Labor/Delivery with Recovery Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non-chargeable) items, non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non-capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Labor/Delivery with Recovery Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor And Delivery Visits
- Labor Expense: Physician Provider
- Neonate Deliveries
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Labor/Delivery with Recovery Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Birth certificate preparation - the time needed to complete and submit the documentation required by the state

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Midwife

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Patient Education (formal classes for Prenatal Education including Lamaze and Lactation)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort

**01350, Peds/Adolescent Behavioral Health Unit**

This unit provides evaluation and treatment for patients 18 years or less with acute psychiatric or behavioral disorders.

**Peds/Adolescent Behavioral Health Unit Mapping Guidelines**

If your cost center's patient population is less than 65% pediatric/adolescent behavioral health, this department may not be an appropriate choice. Another option might be the 01390, Behavioral Health Unit department.

**Peds/Adolescent Behavioral Health Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Electro Convulsive Therapy Treatments**

Total ECT treatments provided.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Intensive Care Patient Days**

Total patient days from patients requiring constant observation.

This is a subset of Patient Days.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Peds/Adolescent Behavioral Health Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient or Day Treatment Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff

• Patient Days

• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Peds/Adolescent Behavioral Health Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort

01360, Chemical Dependency Unit

This unit provides evaluation, treatment and general acute care for patients diagnosed with chemical dependency and/or substance abuse disorders.

Chemical Dependency Unit Mapping Guidelines

If your cost center’s patient population is less than 65% chemical dependency, this department may not be an appropriate choice. Another option might be the 01390, Behavioral Health Unit department.

Chemical Dependency Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Detoxification Care Patient Days

Total patient days from patients in detoxification therapy.

This is a subset of Patient Days.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Visits

Total individual therapy sessions provided to outpatients.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.
Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Chemical Dependency Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient or Day Treatment Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Chemical Dependency Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
• Clinical/nursing staff acting as educators or ‘preceptors’ who perform training on the unit/department
• Patient Sitters who physically ‘sit’ in the patients’ room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort

01390, Behavioral Health Unit

This unit provides evaluation and treatment for patients of all ages diagnosed with acute psychiatric, behavioral or mental health disorders.

Behavioral Health Unit Mapping Guidelines

If your cost center's patient population is less than 65% behavioral health, this department may not be an appropriate choice.

Behavioral Health Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Electro Convulsive Therapy Treatments

Total ECT treatments provided.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Intensive Care Patient Days

Total patient days from patients requiring constant observation.

This is a subset of Patient Days.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Behavioral Health Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient or Day Treatment Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Behavioral Health Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort

**01410, Acute Rehabilitation Unit**

This unit provides rehabilitative health care services to patients with significant functional disabilities due to acute or chronic pain, musculoskeletal problems, stroke, or catastrophic events resulting in complete or partial paralysis. An acute inpatient rehabilitation unit utilizes an inter-disciplinary coordinated team approach that involves a minimum of three (3) hours rehabilitation services daily.

**Acute Rehabilitation Unit Mapping Guidelines**

If your cost center's patient population is less than 65% acute rehabilitation care, this department may not be an appropriate choice. Another option might be the 01211, General Medical Acute Care Unit department or a department profile within the Rehabilitation Services series.

**Acute Rehabilitation Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Brain Stem Patient Days**

Total patient days from patients recovering from severe brain stem trauma impairment.
This is a subset of Rehabilitation Patient Days.

Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Head Injury Patient Days
Total patient days from patients recovering from severe head trauma impairment.

This is a subset of Rehabilitation Patient Days.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Muscular Skeletal Patient Days

Total patient days from patients recovering from severe muscular-skeletal impairment.

This is a subset of Rehabilitation Patient Days.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Other Patient Days

Total patient days from patients recovering from other physical impairments not listed above.

This is a subset of Rehabilitation Patient Days.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.
Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.
Stroke Patient Days
Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.
This is a subset of Patient Days.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

Transfers Out
Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.
This is a subset of Patient Discharges and Transfers Out.

Acute Rehabilitation Unit Mandatory Elements
The following data elements are mandatory for this department:
• Bed Capacity
• Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Outpatient or Day Treatment Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Acute Rehabilitation Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transplant Coordinator
- Transport of patients not requiring clinical escort

01530, Skilled Nursing Unit

This unit provides convalescent care or restorative services to post-acute and post-subacute patients. This unit should be approved by Medicare and is designed to provide short-term skilled nursing and rehab care, not long-term custodial care. A skilled nursing unit promotes the physical and mental health of the patient and primarily serves the geriatric population, chronic disabilities, or extended recovery.

Skilled Nursing Unit Mapping Guidelines

If your cost center’s patient population is less than 65% skilled nursing or convalescent care, this department may not be an appropriate choice. Another option might include the 01535, Subacute Nursing Unit department.

Skilled Nursing Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element “Transfers In”. Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit’s specialty for the reporting period.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Skilled Nursing Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
• Other Direct Operating Expense
• Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Skilled Nursing Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care

• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transplant Coordinator
- Transport of patients not requiring clinical escort

**01535, Subacute Nursing Unit**

This unit provides subacute nursing care or restorative services for post-acute patients. This includes patients who are beyond the acute phase of illness but still require additional medical care and/or rehabilitation and are not well enough to return to home. Exclude skilled nursing facility units.

**Subacute Nursing Unit Mapping Guidelines**

If your cost center's patient population is less than 65% subacute nursing care as defined above, this department may not be an appropriate choice. Another option might be the 01530, Skilled Nursing Unit department.

**Subacute Nursing Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Subacute Nursing Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
**Subacute Nursing Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
- Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transplant Coordinator
• Transport of patients not requiring clinical escort

01550, Long Term Care Unit

This unit provides acute care services to patients suffering medically complex conditions, or patients who have suffered recent catastrophic illness or injury and require an extended stay in an acute care environment.

Long Term Care Unit Mapping Guidelines

If your cost center's patient population is less than 65% long term care, as defined here, this department may not be an appropriate choice. Another option might be the 01530, Skilled Nursing Unit department.

Long Term Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.
**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**New Admissions**

Total new resident admissions to the long term care inpatient unit.

This is a subset of Resident Admissions.
**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.
Readmissions

The total number of resident re-admissions to the unit (i.e. admitted after previous discharge from unit).

This is a subset of Resident Admissions.

Resident Assessment Instruments (RAIs) Completed

Total number of resident assessment instruments (RAIs) completed 14 days following initial admission.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Long Term Care Unit Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

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**Long Term Care Unit Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

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**Long Term Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
• Labor Expense
• Other Direct Operating Expense
• Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Patient Days
• Worked Hours: Staff

**Long Term Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**01570, Hospice / Palliative Care Unit**

This unit provides palliative care for terminally ill patients.

**Hospice / Palliative Care Unit Mapping Guidelines**

If your cost center's patient population is less than 65% hospice, this department may not be an appropriate choice.

**Hospice / Palliative Care Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Hospice / Palliative Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Hospice / Palliative Care Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

01620, Medical/Surgical Unit With Swing Beds

This unit provides acute and skilled nursing care for a mix of both medical and surgical patients. This unit must have beds designated as 'Swing Beds.' A Swing Bed is a Medicare program designed to further provide inpatient care to patients who require additional time to transition to home. The Swing Bed allows physicians to swing patients from an "acute" status to a "skilled rehabilitation" status.

Medical/Surgical Unit with Swing Beds Mapping Guidelines

If your cost center's patient population is greater than 65% medical only or greater than 65% surgical only and the unit does not have swing beds, this department may not be an appropriate choice. Other options might include the General Medical Unit or the General Surgical Units.

Medical/Surgical Unit with Swing Beds Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Non Acute Care Discharges (SNF And Swing Bed)

Total SNF/swing bed patient discharges (including deaths).

This is a subset of Discharges.

Non Acute Care Observation Days (SNF And Swing Outpatient)

Total outpatient observation hours for SNF / Swing bed patients divided by 24. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

This is a subset of Outpatient Observation Days.

Non Acute Care Patient Days (SNF And Swing Bed)

Total patient days defined as "skilled nursing" or "swing bed" days.

This is a subset of Patient Days.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.
Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Skilled Nursing Facility (SNF) Swing Bed Capacity

Total number of available SNF / Swing beds for patient occupancy during the reporting period permanently maintained for lodging inpatients. Beds must be available for use and housed in patient rooms or wards (i.e., not in corridors or temporary beds). Thus, beds in a completely or partially closed wing of the facility are considered available only if the hospital put the beds into use when they are needed. The term “bed capacity” as used for the purpose of counting beds is not intended to capture the day-to-day fluctuations in patient rooms and wards being used. Rather, the count is intended to capture changes in the size of a facility as beds are added to or taken out of service.
This is a subset of Bed Capacity.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Medical/Surgical Unit with Swing Beds Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Non Acute Care Observation Days (SNF And Swing Outpatient)
- Non Acute Care Patient Days (SNF And Swing Bed)
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Skilled Nursing Facility (SNF) Swing Bed Capacity
• Worked Hours: Physician Provider
• Worked Hours: Staff

Medical/Surgical Unit with Swing Beds Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours costs and volumes (where applicable) associated with the

• Case Management (manages patient care while the patient is undergoing treatment)
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

01630, Blended Acuity Unit

This unit is for the evaluation and treatment of a mixture of adult and/or pediatric patients whose conditions are of varying levels of acuity (e.g., critical care, general acute care, step-down type care, etc.). This unit may be comprised of patients followed by different hospital services (e.g., coronary, medical, surgical, etc.). This care area may or may not include "acuity adaptable" or "universal" beds.

Blended Acuity Unit Mapping Guidelines

This department is only to be used in organizations that have a dedicated unit to care for the variety of different ages, service types, and acuity of patients. This is a specific unit for this purpose. If your Cost Center’s patient population is greater than 65% of one particular patient service type, this department may not be an appropriate choice. Other options might include departments within the Nursing Services series which are specific to a particular service type (General Medical Acute Care Unit, Critical Care only, Orthopedic Acute Care Unit, etc.).

Blended Acuity Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

**Cardiac Care Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 210-219 for the reporting period.

This is a subset of Patient Days.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Intensive Care Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 200-202, 204-209 for the reporting period.
This is a subset of Patient Days.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Med/General Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 110, 111, 120–122, 124–132, 134–142, 144–152, 154–162, 164-169 for the reporting period.

This is a subset of Patient Days.

**Minimum Staffing Level**

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Number of Patients assigned to an RN**

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Oncology Patient Days Revenue Codes

Enter the total number of patients days billed for UB codes (Revenue codes) 117, 127, 137, 147, 157, 280, 289 for the reporting period.

This is a subset of Patient Days.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Pediatric General Patient Days Revenue Codes

Enter the total number of patients days billed for UB codes (Revenue codes) 113, 123, 133, 143, 153 for the reporting period.
This is a subset of Patient Days.

**Pediatric Intensive Care Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 203 for the reporting period.

This is a subset of Patient Days.

**Sterile Environment Care Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 164 for the reporting period.

This is a subset of Patient Days.

**Subacute Care Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 190-199 for the reporting period.

This is a subset of Patient Days.

**Telemetry Care Patient Days Revenue Codes**

Enter the total number of patients days billed for UB codes (Revenue codes) 732 for the reporting period.

This is a subset of Patient Days.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Blended Acuity Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Ventilator Patient Days

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• Worked Hours: Physician Provider
• Worked Hours: Staff

**Blended Acuity Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
• Clinical/nursing staff acting as educators who perform unit/department specific training

Exclude the hours costs and volumes (where applicable) associated with the

• Case Management (manages patient care while the patient is undergoing treatment)
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

01710, Observation Unit

This unit provides general nursing care to patients who are under observation and have not been admitted to the hospital as an inpatient. The patients in this unit are being held for observation care until either admitted or discharged. Patients may be undergoing secondary recovery for outpatient surgery, or diagnostic testing.

Observation Unit Mapping Guidelines

If your cost center's patient population is less than 65% outpatient or observation (non-admitted) patients, this department may not be an appropriate choice.

Observation Unit Workload Volumes

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.
Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Number of Patients assigned to an RN

Enter the number of patients assigned to an individual RN for the unit. For example, if your staffing requires you to have one-on-one patient care, enter 1. If your staffing requires an RN to care for 5 patients, enter 5. If you have different Patient to RN ratios for each shift, enter the average number of patients assigned to an RN taking into account all shifts.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

The total number of outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.
**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Patient Specialty %**

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

**Observation Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Patient Days
• Worked Hours: Physician Provider

• Worked Hours: Staff

Observation Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

• Clerical support for Nursing Administration Managers or Directors

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transport of patients not requiring clinical escort
01810, IV Team (Vascular Access)

This department consists of a team responsible for placement and maintenance of Peripherally Inserted Central Catheters (PICC) and peripheral IV insertion, assisting with any difficult draws/insertions, checking IVs on the units, CVAD repair and decloting, and patient education.

IV Team (Vascular Access) Mapping Guidelines

If you do not have a separate, distinct and dedicated IV team, this department is not an appropriate choice.

IV Team (Vascular Access) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page of ActionOI.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Observation Days Supported

Total observation days supported by the department for those patients requiring monitoring services for the reporting period. Observation days are defined as outpatient observation hours divided by 24.

Observation Visits Supported

Total observation visits supported.

Patient Days Supported

The total inpatient days supported by the department.

Total Procedures

Total procedures performed by staff in this department for the reporting period. A procedure is an IV start, restart, check, discontinue, or blood specimen draw.

IV Team (Vascular Access) Department Hour Elements

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Observation Days Supported

Total observation days supported. Observation days are defined as outpatient observation hours divided by 24.

Observation Visits Supported

Total observation visits supported.

Patient Days Supported

The total inpatient days supported by the department.
**Total Procedures**

Total procedures performed. A procedure is an IV start, restart, check, discontinue, or blood specimen draw.

**IV Team (Vascular Access) Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**IV Team (Vascular Access) Mandatory Elements**

The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Observation Days Supported
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Patient Days Supported
• Worked Hours: Staff

**IV Team (Vascular Access) Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• IV Therapy Team

Exclude the hours costs and volumes (where applicable) associated with the

• Clinical Staff Educators formal classroom training time

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

**01830, Centralized Telemetry**

This department performs 24-hour cardiac monitoring for any patient requiring telemetry monitoring services through a centralized system in a remote location. Personnel are not directly involved with the patients’ care.

**Centralized Telemetry Mapping Guidelines**

If your cost center does not provide centralized or remote telemetry monitoring to the nursing units and/or ancillary areas, this department may not be an appropriate choice. Do not map nursing units or eICUs to this department profile.
Centralized Telemetry Workload Volumes

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Observation Days Supported

Total observation days supported by the department for those patients requiring monitoring services for the reporting period. Observation days are defined as outpatient observation hours divided by 24.

Telemetry Days Supported

The total patient days supported by the department for patients requiring telemetry monitoring services for the reporting period. Enter the total number of patients days billed for UB codes (Revenue codes) 732 for the reporting period.

Centralized Telemetry Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Technician

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.
Centralized Telemetry Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Centralized Telemetry Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Observation Days Supported
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Patient Days Supported
• Worked Hours: Staff

Centralized Telemetry Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Repair and maintenance of patient beds and other clinical equipment

01910, Nursing Administration

This department performs the overall administrative and general support tasks for the entire Nursing Services series staff. If multiple nursing administration cost centers exist, such as a women and children’s or cancer center, combine them for reporting purposes.

Nursing Administration Mapping Guidelines

If this department does not provide nursing admin line management and staff support, this department may not be an appropriate choice. Another option might be the 01911, Nurse Staffing Office department.

Nursing Administration Workload Volumes

Discharges and Transfers Supported
Total discharges and transfers out (including deaths) supported by Nursing Administration. If unavailable, patient admissions and transfers in may be used.
Nursing Services

Hours Paid: Nursing Division

Total hours paid to staff (both payroll and non-payroll/registry) working within the nursing division for the reporting period. This value should only include staff in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Administration supports departments outside of the inpatient nursing series (i.e. Operating Room or Emergency Room), do not count those hours paid in this element.

Nursing Division Employees

Total number of individuals employed by the nursing division for the reporting period. This value should only include employees in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Staff Office supports departments outside of the inpatient nursing series (i.e. Operating Room or Emergency Room), do not count those employees in this element.

Nursing Division New Hires

Total employees hired by the nursing division for the reporting period. This value should only include employees hired in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Administration supports departments outside of the inpatient nursing services (i.e. Operating Room or Emergency Room), do not count the new hires in this element.

Observation Days Supported

Total observation days supported. Observation days are defined as outpatient observation hours divided by 24.

Observation Visits Supported

Total observation visits supported.

Patient Days Supported

The total inpatient days supported by the department.

Nursing Administration Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Nursing Administration Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Total Supply Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total dollars paid to all nonexempt, non-provider staff for overtime hours worked. The value reported reflects payments of at least time-and-one-half of the regular rate for hours worked over the employee's normal work schedule (40 hour workweek, or 8-80 workweek). This value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Labor Expense.
**Total Supply Expense**

Total supply expense represents the net expense cost including freight and distribution fees less rebates for all patient chargeable and department consumable supplies for all cost centers. Supply items have an expected life of less than one year unless they are used for the repair and maintenance of equipment. This includes, but is not limited to, drugs, IV additives, radiology film, oxygen and medical gases, blood and blood products, organ procurement, reagents and solutions, replacement linens, uniforms, food, replacement dietary items (e.g. glassware, silverware, etc.), cleaning products and general office and computer supplies. Include the supply portion of capital lease or rent expense or agreements that combine supply expense with provision of services (i.e., service agreements). Exclude minor equipment report in total other direct operating expense. Exclude repair parts, most instruments, computer software, equipment rental, and books. Exclude heating fuel costs report in Utility Expense.

This is a subset of Other Direct Operating Expense.

**Nursing Administration Mandatory Elements**

The following data elements are mandatory for this department:

- Hours Paid: Nursing Division
- Labor Expense
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Nursing Administration Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clerical support for Nursing Administration Managers or Directors
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Shift supervision for the entire house

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Case Management (manages patient care while the patient is undergoing treatment)

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical Staff Educators formal classroom training time

• Nursing Informatics (integration of nursing science, computer science and information science to manage and communicate data/information and knowledge/wisdom in nursing and informatics essential to the delivery of high quality, cost-effective care)

• Nursing Recruitment and Retention

• Operating a hospital based School of Nursing, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Transplant Coordinator

01911, Nurse Staffing Office

This department provides nurse scheduling coordination, allocation of nursing staff resources, and balances the nursing staff to patient and unit needs.

Nurse Staffing Office Mapping Guidelines

If this department does not provide nurse scheduling and resource management this department may not be an appropriate choice. Another option might be the 01910, Nursing Administration department.

Note: This department is not designed to accommodate nursing float pools. Another option for float pool might be the G1000, Other Nursing Services department.

Nurse Staffing Office Workload Volumes

Nursing Division Employees

Total number of individuals employed by the nursing division for the reporting period. This value should only include employees in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Staff Office supports departments outside of the inpatient nursing series (i.e. Operating Room or Emergency Room), do not count those employees in this element.
Paid Hours: Nursing Division Non Payroll
Total hours paid to staff (non payroll/registry only) working within the nursing division for the reporting period. This value should only include staff in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Staff Office supports departments outside of the inpatient nursing series (i.e. Operating Room or Emergency Room), do not count those hours paid in this element. Do not count staff on the payroll in this element.

Paid Hours: Nursing Division Payroll
Total hours paid to staff (payroll only) working within the nursing division for the reporting period. This value should only include staff in cost centers that are mapped to the Nursing Services Series (nursing units and G1000), including Physicians/Providers as long as they are employed by the facility. If Nursing Staff Office supports departments outside of the inpatient nursing series (i.e. Operating Room or Emergency Room), do not count those hours paid in this element. Do not count Non-payroll/Registry staff in this element.

Nurse Staffing Office Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN
Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Nurse Staffing Office Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Total Supply Expense.
**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Total Supply Expense**

Total supply expense represents the net expense cost including freight and distribution fees less rebates for all patient chargeable and department consumable supplies for all cost centers. Supply items have an expected life of less than one year unless they are used for the repair and maintenance of equipment. This includes, but is not limited to, drugs, IV additives, radiology film, oxygen and medical gases, blood and blood products, organ procurement, reagents and solutions, replacement linens, uniforms, food, replacement dietary items (e.g. glassware, silverware, etc.), cleaning products and general office and computer supplies. Include the supply portion of capital lease or rent expense or agreements that combine supply expense with provision of services (i.e., service agreements). Exclude minor equipment report in total other direct operating expense. Exclude repair parts, most instruments, computer software, equipment rental, and books. Exclude heating fuel costs report in Utility Expense.

This is a subset of Other Direct Operating Expense.

**Nurse Staffing Office Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Nursing Division Non Payroll
- Paid Hours: Nursing Division Payroll
- Paid Hours: Staff
- Worked Hours: Staff
Nurse Staffing Office Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clerical support for Nursing Administration Managers or Directors
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Shift supervision for the entire house

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical Staff Educators formal classroom training time
- Nursing Informatics (integration of nursing science, computer science and information science to manage and communicate data/information and knowledge/wisdom in nursing and informatics essential to the delivery of high quality, cost-effective care)
- Nursing Recruitment and Retention
- Operating a hospital based School of Nursing, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
- Transplant Coordinator

F1000, Nursing Services Functional Rollup

This department includes all critical, intermediate, acute, specialty, and exempt nursing units, as well as the IV therapy team, Centralized Telemetry, Nurse Staffing Office, and Nursing Administration.

Nursing Services Functional Rollup Workload Volumes
Acute Care Bed Capacity

Enter the total number of beds that are licensed, physically set up and available for service of acute patient census during the reporting period. Include beds assigned to support all acute patients, including pediatric, psychiatric and rehabilitation patients. Exclude normal newborn (Level I) nursery bassinets and beds assigned to support skilled, swing, sub acute, and or long term care patients. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as "Available Beds" or "Operating Beds".

This is a subset of Bed Capacity.

Acute Care Discharges

Total discharges from acute care units, including rehabilitation and psychiatric units, including deaths. Exclude discharges from SNF and long term units. Exclude normal newborn discharges (DRG 391/MS DRG 795).

Acute Care Outpatient Observation Days

Total outpatient observation hours for acute care patients divided by 24. Include true observation patient hours only. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

Acute Care Patient Days

Total acute care patient days supported by the hospital, including rehabilitation and behavioral health patients. Exclude SNF and long term care patients. Exclude normal newborn days (DRG 391/MS DRG 795).

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Behavioral Health Patient Days

Total behavioral health patient days supported by the hospital. This includes patient days from all behavioral health nursing units.

This is a subset of Acute Care Patient Days.

Critical Care Patient Days

Total critical care patient days supported by the hospital. This includes critical care days from all Critical Care and Intermediate nursing units, as well as Neonate Level II and above patient days.

This is a subset of Acute Care Patient Days.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.
**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Non Acute Bed Capacity**

Enter the total number of beds that are licensed, physically set up and available for service of non acute patient census during the reporting period. Include beds assigned to support all non acute patients, including skilled, swing, sub acute, and or long term care patients. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as "Available Beds" or "Operating Beds."

This is a subset of Bed Capacity.

**Non Acute Care Discharges**

Total discharges for all non-acute care nursing units. This includes SNF, Long Term Care, Sub-Acute, Swing -bed unit and Palliative care unit. Exclude normal newborn discharges.

**Non Acute Care Outpatient Observation Days**

Total outpatient observation hours for non-acute patients divided by 24. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

**Non Acute Care Patient Days**

Total skilled nursing, swing bed, sub-acute, and / or long term care patient days supported.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Falls

The total number of patient falls for the reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Note: This value will automatically calculate correctly if Patient Falls has been reported at the unit level. If you are not able to report Patient Falls at the unit level, manually enter the total number of Patient Falls for all eligible units for the reporting period.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Rehabilitation Patient Days

Total rehabilitation patient days supported by the hospital. This includes patient days from all rehabilitation nursing units.

This is a subset of Acute Care Patient Days.
Total Activity Volume

The sum total of admissions, transfers-in, discharges, transfers-out, full day patients, and outpatient/observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra-unit transfers such as from a semi-private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Nursing Services Functional Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.
**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program

This is a subset of Worked Hours: Staff.

**Nursing Services Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Acute Care Discharges
- Acute Care Operating Beds
- Acute Care Outpatient Observation Days
- Acute Care Patient Days
- Bed Capacity
- Labor Expense
• Labor Expense: Physician Provider
• Non Acute Bed Capacity
• Non Acute Care Discharges
• Non Acute Care Outpatient Observation Days
• Non Acute Care Patient Days
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

G1000, Generic Nursing Services

This generic department includes any cost center(s) reporting to Nursing Services that cannot be mapped to a specific nursing unit department or a level of care generic, i.e., Other Acute Care Nursing.

Generic Nursing Services Workload Volumes

Acute Care Bed Capacity

Enter the total number of beds that are licensed, physically set up and available for service of acute patient census during the reporting period. Include beds assigned to support all acute patients, including pediatric, psychiatric and rehabilitation patients. Exclude normal newborn (Level I) nursery bassinets and beds assigned to support skilled, swing, sub acute, and or long term care patients. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as "Available Beds" or "Operating Beds."
**Acute Care Outpatient Observation Days**

Total outpatient observation hours for acute care patients divided by 24. Include true observation patient hours only. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

**Acute Care Patient Days**

Total acute care patient days supported by the department, including rehabilitation and behavioral health patients. Exclude SNF and long term care patients. Exclude normal newborn days (DRG 391/MS DRG 795).

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Critical Care Patient Days**

Total critical care patient days supported by the hospital. This includes critical care days from all Critical Care and Intermediate nursing units, as well as Neonate Level II and above patient days. Exclude normal newborn (Level I) patient days.

This is a subset of Acute Care Patient Days.

**Discharges**

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Non Acute Bed Capacity**

Enter the total number of beds that are licensed, physically set up and available for service of non acute patient census during the reporting period. Include beds assigned to support all non acute patients, including skilled, swing, sub acute, and or long term care patients. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as "Available Beds" or "Operating Beds."

**Non Acute Care Discharges (SNF And Swing Bed)**

Total skilled nursing, swing bed, sub-acute, and / or long-term care discharges (including deaths).

This is a subset of Patient Discharges And Transfers Out.
**Non Acute Care Outpatient Observation Days**

Total outpatient observation hours for non-acute patients divided by 24. Do not include carry over patient hours, i.e. patients who are awaiting an inpatient bed.

**Non Acute Care Patient Days**

Total skilled nursing, swing bed, sub-acute, and/or long term care patient days supported.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVNs/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers-in, discharges, transfers-out, full day patients, and outpatient/observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Generic Nursing Services Mandatory Elements**

The following data elements are mandatory for this department:

- Acute Care Outpatient Observation Days
- Acute Care Patient Days
- Average Operating Acute Beds
- Labor Expense
- Labor Expense: Physician Provider
- Non Acute Care Outpatient Observation Days
- Non Acute Care Patient Days
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Generic Nursing Services Normalizations**

Exclude the hours, cost and volumes (where applicable) associated with the following functions:

- Birth certificate preparation - the time needed to complete and submit the documentation required by the state
- Case Management (manages patient care while the patient is undergoing treatment)
- Clerical support for Nursing Administration Managers or Directors
- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Informatics (integration of nursing science, computer science and information science to manage and communicate data/information and knowledge/wisdom in nursing and informatics essential to the delivery of high quality, cost-effective care)

• Nursing Managers/Directors above the nursing unit management level

• Nursing Recruitment and Retention

• Operating a hospital based School of Nursing, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

G1001, Generic Intensive Care Unit

This generic unit includes any cost center reporting to Nursing Services that cannot be mapped to an individual or specific intensive care nursing unit department.
Generic Intensive Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.
Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.
This is a subset of Total Activity Volume.

**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.
Total Number of Stepdown Beds

The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.
Generic Intensive Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff

Generic Intensive Care Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
• Clerical support for Nursing Administration Managers or Directors

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**G1101, Generic Intermediate Care Unit**

This generic unit includes any cost center reporting to Nursing Services that cannot be mapped to an individual or specific intermediate or step-down care nursing unit department.

**Generic Intermediate Care Unit Workload Volumes**
Admissions
The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity
Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.
Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

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**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

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**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

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**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

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**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

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**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

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**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

Generic Intermediate Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Generic Intermediate Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

G1201, Generic Acute Care Unit

This generic department includes any cost center reporting to Nursing Services that cannot be mapped to an individual or specific acute care nursing unit department.

Generic Acute Care Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges
Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

**Pressure Ulcers: Hospital acquired**

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.
**Generic Acute Care Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Discharges
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Generic Acute Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

**G1301, Generic Behavioral Health Unit**

This generic department includes any cost center reporting to Nursing Services that cannot be mapped to an individual or specific behavioral health care nursing unit department.
Generic Behavioral Health Unit Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Electro Convulsive Therapy Treatments

Total ECT treatments provided.
Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Intensive Care Patient Days

Total patient days from patients requiring constant observation.

This is a subset of Patient Days.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.
Nurse Direct Care Hours Worked
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Visits
Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days
Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days
The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out
Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Generic Behavioral Health Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Generic Behavioral Health Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Clerical support for Nursing Administration Managers or Directors
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort

G1401, Generic Rehabilitation Unit

This generic department includes any cost center reporting to Nursing Services that cannot be mapped to an individual or specific rehabilitation care nursing unit department.

Generic Rehabilitation Unit Workload Volumes
Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Brain Stem Patient Days

Total patient days from patients recovering from severe brain stem trauma impairment.

This is a subset of Rehabilitation Patient Days.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.
This is a subset of Total Activity Volume.

**Head Injury Patient Days**
Total patient days from patients recovering from severe head trauma impairment.
This is a subset of Rehabilitation Patient Days.

**Licensed Nursing Staff**
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Minimum Staffing Level**
Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

**Muscular Skeletal Patient Days**
Total patient days from patients recovering from severe muscular-skeletal impairment.
This is a subset of Patient Days.

**Nurse Direct Care Hours Worked**
The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.
This is a subset of Total Reported Pressure Ulcers.

**Stroke Patient Days**

Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.

This is a subset of Patient Days.

**Total Activity Volume**

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Transfers In**

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Transfers Out**

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

**Generic Rehabilitation Unit Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
Generic Rehabilitation Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management (manages patient care while the patient is undergoing treatment)
- Clerical support for Nursing Administration Managers or Directors
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**G1501, Generic Non Acute Care Unit**

This generic department includes any cost center reporting to Nursing Services that cannot be mapped to an individual or specific non acute care nursing unit department.

**Generic Non Acute Care Unit Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

**Bed Capacity**

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

New Admissions

Total new resident admissions to facility.

This is a subset of Admissions.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVNs/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume
Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Resident Assessment Instruments (RAIs) Completed
Total number of resident assessment instruments (RAIs) completed 14 days following initial admission.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Generic Non Acute Care Unit Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Generic Non Acute Care Unit Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management (manages patient care while the patient is undergoing treatment)

• Clerical support for Nursing Administration Managers or Directors

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs (not providing direct patient care) assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort
I1000, Intensive Care Units Intermediate Rollup

The intermediate rollup is automatically generated when an intensive care unit instance is created. This includes all intensive care units: 01010, 01011, 01012, 01013, 01014, 01016, 01020, 01021, 01022, 01023, 01024, 01025, 01035, 01060, and G1001.

Intensive Care Units Intermediate Rollup Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
**Outpatient Observation Days**

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

**Outpatient Observation Visits**

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

**Patient Days**

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

**Patient Discharges And Transfers Out**

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

**Patient Falls**

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

**Patient Falls with Injury**

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

**Pressure Ulcers: Community acquired**

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.
Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Stroke Patient Days
Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.

This is a subset of Patient Days.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Number of Stepdown Beds
The total number of stepdown beds located in the ICU. These beds are designated to provide care for patients who are stable enough to be discharged from the ICU but are not yet ready to be cared for on a general unit.

This is a subset of Bed Capacity

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out
Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.
This is a subset of Patient Discharges and Transfers Out.

**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be \(\frac{500}{6} = 83.3\) Vent Days. If the department billed in 8 hour increments, the conversion would be \(\frac{500}{3} = 166.6\) Vent Days, if the department billed in 12 hour increments, the conversion would be \(\frac{500}{2} = 250\) etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Intensive Care Units Intermediate Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Discharges
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Total Number of Stepdown Beds
- Worked Hours: Physician Provider
- Worked Hours: Staff
Intensive Care Units Intermediate Rollup Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non-chargeable) items, non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

I1100, Intermediate Care Units Intermediate Rollup

This department includes all intermediate care nursing units: 01110, 01111, 01112, 01122, 01123, 01160 and G1101.

Intermediate Care Units Intermediate Rollup Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.
Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.
Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.
This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.
This is a subset of Total Reported Pressure Ulcers.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period.
Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit.
Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Total Activity Volume.

Transfers Out
Total number of inpatients transferred out of this patient care unit to another hospital patient care unit.
Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.
This is a subset of Patient Discharges and Transfers Out.
**Ventilator Patient Days**

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Patient Days.

**Intermediate Care Units Intermediate Rollup Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Intermediate Care Units Intermediate Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Discharges
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Patient Days
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

I1200, General Acute Care Units Intermediate Rollup

This department includes all general acute care nursing units: 01210, 01211, 01212, 01213, 01214, 01234, 01235, 01238, 01239, 01240, 01260, 01261 and G1201.

General Acute Care Units Intermediate Rollup Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).
This is a subset of Patient Discharges and Transfers Out.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Full Day Patients**

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

**Licensed Nursing Staff**

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

**Licensed Nursing Staff Additions**

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

**Licensed Nursing Staff Separations**

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

**Nurse Direct Care Hours Worked**

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.
Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Stroke Patient Days
Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.

This is a subset of Patient Days.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

Transfers In
Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out
Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.
General Acute Care Units Intermediate Rollup Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

General Acute Care Units Intermediate Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Bed Capacity
- Discharges
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
I1300, Behavioral Health Units Intermediate Rollup

This department includes all behavioral health care nursing units: 01350, 01360, 01390, and G1301.

Behavioral Health Units Intermediate Rollup Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Detoxification Care Patient Days

Total patient days from patients in detoxification therapy.

This is a subset of Patient Days.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Electro Convulsive Therapy Treatments

Total ECT treatments provided.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Intensive Care Patient Days

Total patient days from patients requiring constant observation.

This is a subset of Patient Days.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.
Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.
Behavioral Health Units Intermediate Rollup Expense Elements

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners, and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Behavioral Health Units Intermediate Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Days
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
I1400, Rehabilitation Care Intermediate Rollup

This department includes all rehabilitation care nursing units mapped to the 01410 and G1401.

Rehabilitation Care Intermediate Rollup Workload Volumes

Admissions

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Brain Stem Patient Days

Total patient days from patients recovering from severe brain stem trauma impairment.

This is a subset of Rehabilitation Patient Days.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.
Full Day Patients
Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Head Injury Patient Days
Total patient days from patients recovering from severe head trauma impairment.

This is a subset of Rehabilitation Patient Days.

Licensed Nursing Staff
Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions
The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations
Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level
Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

Muscular Skeletal Patient Days
Total patient days from patients recovering from severe muscular-skeletal impairment.

This is a subset of Patient Days.
Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Other Patient Days

Total patient days from patients recovering from other physical impairments not listed above.

This is a subset of Rehabilitation Patient Days.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Outpatient or Day Treatment Days

Total outpatient partial day therapy hours on the Unit divided by 24.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.

Patient Discharges And Transfers Out

Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.
Patient Falls with Injury

Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Patient Specialty %

Enter the percentage (as a whole number) of the patient population that represents the unit's specialty for the reporting period.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Stroke Patient Days

Total patient days from patients recovering from a cerebral accident (stroke; MS DRG 064, 065, 066, 067, 068) impairment.

This is a subset of Patient Days.

Total Activity Volume

The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Rehabilitation Care Intermediate Rollup Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advanced practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Rehabilitation Care Intermediate Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Clinical Service Workload Units
- Drug Expense
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Gross Charges
• Labor Expense
• Medical Supply Expense
• Non Medical Supply Expense
• Other Direct Operating Expense
• Outpatient Gross Charges
• Paid Hours: Contract Labor
• Pharmacy Intensity Score: Outpatient
• Pharmacy Intensity Score: Inpatient
• Paid Hours: Staff
• Pharmacy Intensity Score
• Worked Hours: Pharmacy Resident
• Worked Hours: Staff

**I1500, Non Acute Care Unit Intermediate Rollup**

This department includes all Non Acute Care nursing units from the following profiles: 01530, 01535, 01550, 01570, and G1501.

**Non Acute Care Unit Intermediate Rollup Workload Volumes**

**Admissions**

The total number of patients admitted to the unit during the reporting period. Report transfers from another unit under the element "Transfers In". Admissions excludes ambulatory surgery, observation patients, and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.
Bed Capacity

Enter the total number of beds that are physically set up and available for use on the unit during the reporting period. These are beds regularly maintained in the hospital for the use of patients (inpatient or observation), and which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available, thus beds in a partially closed area of the unit would be counted only if the hospital put the beds into use when they are needed. This is also known as Available Beds.

Discharges

Total number of patients discharged from the cost center(s) during the reporting period. Include all patients released from hospital care from these cost center(s) through a formal notification process. In addition, deaths, transfers to a different health care institution, and patients who leave the hospital against medical advice or without formal notification are included as discharges. Discharges excludes ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Patient Discharges and Transfers Out.

Education and Orientation Hours

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Full Day Patients

Total patients who remained for a full day (midnight on one day to midnight on the next) on the unit. Count each patient day where the patient was not admitted or transferred and also was not discharged or transferred out. Note that this count is not the same as midnight census, since midnight census will include patients admitted and transferred in on that same day. If you are unable to capture this workload volume leave blank, do not estimate.

This is a subset of Total Activity Volume.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.
Licensed Nursing Staff Separations

Total number of voluntary uncontrolled separations during the reporting period. This includes full-time and part-time RNs, LPNs, and LVNs who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

Minimum Staffing Level

Minimum number of personnel assigned to the unit for any shift during periods of lowest patient occupancy.

New Admissions

Total new resident admissions to facility.

This is a subset of Admissions.

Nurse Direct Care Hours Worked

The total number of hours worked by nursing staff (RNs, LVN/LPNs, and UAPs) that had direct patient care responsibilities for greater than 50% of their shift. Include nursing staff employed directly by the facility and contract/agency staff. UAPs are Unlicensed Assistive Personnel, also known as Nurse Assistants, Nurse Techs, or Nurse Aides. This value should be consistent with the value reported to NDNQI (National Database of Nursing Quality Indicators). The value reported does not include sick time, vacation, leave, orientation, education, and committee time.

Outpatient Observation Days

Total outpatient observation hours divided by 24. Include true observation patient hours only (hours spent by patients in the department and cared for by department staff as outpatients under observation i.e. HCPCS code G0378 Observation services, per hour). If you are able to track the length of time an Outpatient spends on the unit regardless of billing as observation status, you may include the hours here. Do not include carry over patient hours, i.e. patients who are waiting for an inpatient bed.

Outpatient Observation Visits

Total outpatient observation patients reported as a head count regardless of how long patients stayed on the unit. Observation patients may be waiting for evaluation for admission, waiting for a procedure, or recovering from a procedure.

This is a subset of Total Activity Volume.

Patient Days

The total number of patient days excluding normal newborn (MS DRG 795) patient days.
Patient Discharges And Transfers Out
Total patient discharges and transfers out (including deaths). If unavailable, patient admissions and transfers in may be used.

This is a subset of Total Activity Volume

Patient Falls
The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI as an unplanned descent to the floor. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury
Total of all patient falls which resulted in an injury, regardless of severity. See NDNQI for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

This is a subset of Patient Falls.

Pressure Ulcers: Community acquired
Total number of pressure ulcers Stage II or greater identified and recorded on admission.

This is a subset of Total Reported Pressure Ulcers.

Pressure Ulcers: Hospital acquired
Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

This is a subset of Total Reported Pressure Ulcers.

Resident Assessment Instruments (RAIs) Completed
Total number of resident assessment instruments (RAIs) completed 14 days following initial admission.

Total Activity Volume
The sum total of admissions, transfers in, discharges, transfers out, full day patients, outpatient and observation visits.

Total Reported Pressure Ulcers
Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.
Transfers In

Total number of patients transferred in to this patient care unit from another hospital patient care unit. Each patient transfer during a hospital stay is counted individually, however intra-unit transfers are excluded (such as from a semi-private to a private room within the same unit). Report transfers in from another facility under the element "Admissions". Exclude ambulatory surgery, observation patients and normal newborns (MS DRG 795).

This is a subset of Total Activity Volume.

Transfers Out

Total number of inpatients transferred out of this patient care unit to another hospital patient care unit. Each patient transfer during a hospital stay is counted individually. Exclude intra unit transfers such as from a semi private to a private room within the unit. Report transfers to another facility as discharges. Exclude observation patients.

This is a subset of Patient Discharges and Transfers Out.

Non Acute Care Unit Intermediate Rollup Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Non Acute Care Unit Intermediate Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- Bed Capacity
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Outpatient Observation Days
Nursing Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Nursing Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. This includes patient chargeable and department consumable (non chargeable) items, non capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total dollars payable to vendors for stocked and non stocked operating supplies. This includes, but is not limited to, replacement linens, uniforms, food, replacement dietary items (i.e. glassware, silverware, etc.), cleaning products and general office and computer supplies. Include all non capitalized operating supplies.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total dollars paid to all nonexempt, non-provider staff for overtime hours worked. The value reported reflects payments of at least time-and-one-half of the regular rate for hours worked over the employee’s normal work schedule (40 hour workweek, or 8-80 workweek). This value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians, advanced practitioners and physician groups which provide professional services to the department. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Nursing Services Normalizations

The following are lists of normalizations based on general groupings of Nursing departments. Normalizations for departments that are missing from the groupings below are unique and can be found under the individual departments. A complete list of normalizations can also be found on the Support tab of ActionOI.

Administrative and Nurse Staffing Normalizations

The normalizations for the departments within this series:

- 01910, Nursing Administration
- 01911, Nurse Staffing Office

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clerical support for Nursing Administration Managers or Directors
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Shift supervision for the entire house

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care

• Clinical Staff Educators formal classroom training time

• Nursing Informatics (integration of nursing science, computer science and information science to manage and communicate data/information and knowledge/wisdom in nursing and informatics essential to the delivery of high quality, cost-effective care)

• Nursing Recruitment and Retention

• Operating a hospital based School of Nursing, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Transplant Coordinator

Cardiac Intensive Care Unit

The normalizations for the departments within this series:

• 01022, Cardiac Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

**Bone Marrow Transplant Intensive Care Unit**

The normalizations for the departments within this series:

• 01020, Bone Marrow Transplant Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialties providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**Burn Care Intensive Care Unit**

The normalizations for the departments within this series:

• 01020, Burn Care Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**General Acute Care Units**

The normalizations for the departments within this series:

• 01210, Medical/Surgical IP Unit

• 01211, General Medical Unit

• 01212, Gen Surg Acute Care Unit
• 01213, Med/Surg/Cardiac Acute
• 01214, Med/Surg/Oncology Acute Care Unit
• 01234, Nephrology Unit
• 01235, Neuro/Neurosurg Unit
• 01238, Oncology Unit
• 01239, Orthopedic/Neurology Unit
• 01240, Orthopedic Unit
• 01260, Pediatric Acute Care Unit
• 01261, Pediatric Oncology Unit
• G1201, Generic Acute Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**Intensive Care Units**

The normalizations for the departments within this series:

• 01010, Med/Surg ICU

• 01011, Medical ICU

• 01012, Surgical ICU

• 01013, Med/Surg/Card ICU

• 01014, Medical/Cardiac ICU

• 01016, Trauma ICU

• 01020, Bone Marrow Transplant ICU

• 01021, Burn Care ICU

• 01022, Cardiac ICU

• 01023, Cardiovasc Surg ICU

• 01024, Cardio/Thor ICU w/o Transplant

• 01025, Cardio/Thoracic ICU w Transplant
• 01035, Neuro/Neurosurg ICU
• 01060, Pediatric ICU

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

**Intermediate Care Units**

The normalizations for the departments within this series:

• 01110, Med/Surg Intermediate Unit
• 01111, Med/Surg/Card Intermediate Unit
• 01112, Resp Intermed Unit
• 01122, Cardiac Intermed Unit
• 01123, Transplant Intermed Unit
• 01160, Pediatric Intermed Unit

Include the hours, costs and volumes (where applicable) associated with the following functions

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

Med/Surg/Cardiac Intensive Care Unit

The normalizations for the departments within this series:

• 01013, Med/Surg/Cardiac Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**Medical Intensive Care Unit**

The normalizations for the departments within this series:

• 01011, Medical Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**Medical/Cardiac Intensive Care Unit**

The normalizations for the departments within this series:

• 01014, Medical/Cardiac Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

**Medical/Surgical Intensive Care Unit**

The normalizations for the departments within this series:

• 01010, Medical/Surgical Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care
• Clinical/nursing staff acting as educators who perform unit/department specific training
• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Clinical Staff Educators formal classroom training time
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

Non-Acute Care Units

The normalizations for the departments within this series:

• 01530, Skilled Nursing Unit
• 01535, Subacute Nursing Unit
• 01550, Long Term Care Unit
• 01570, Hospice / Palliative Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:
• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Clinical Staff Educators formal classroom training time

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers

• Student nurses or externs assigned to the unit for clinical experience

• Transplant Coordinator

• Transport of patients not requiring clinical escort

**Psychiatric Care Units**

The normalizations for the departments within this series:
- 01350, Peds/Adolescent Behavioral Health Unit
- 01360, Chemical Dependency Unit
- 01390, Psychiatric Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
- Clinical/nursing staff acting as educators who perform unit/department specific training
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management
- Clerical support for Nursing Administration Managers or Directors
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Student nurses or externs assigned to the unit for clinical experience
- Transport of patients not requiring clinical escort
Rehabilitation Care Units

The normalizations for the departments within this series:

- 01410, Acute Rehabilitation Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, and or wound care
- Clinical/nursing staff acting as educators or 'preceptors' who perform training on the unit/department
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Case Management
- Clinical Staff Educators formal classroom training time
- Environmental services functions, e.g., cleaning services
- Food Service Worker
- IV Therapy Team
- Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
- Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
- Nursing Managers/Directors above the nursing unit management level
- Phlebotomy, e.g., drawing blood by making an incision in the patients vein (infants may require heel sticks) and sending/taking the blood specimens to the laboratory to prepare for testing
- Repair and maintenance of patient beds and other clinical equipment
- Shift supervision for the entire house
- Social Workers
- Student nurses or externs assigned to the unit for clinical experience
- Transplant Coordinator
• Transport of patients not requiring clinical escort

**Surgical Intensive Care Unit**

The normalizations for the departments within this series:

• 01012, Surgical Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management

• Clerical support for Nursing Administration Managers or Directors

• Environmental services functions, e.g., cleaning services

• Food Service Worker

• IV Therapy Team

• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech

• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs

• Nursing Managers/Directors above the nursing unit management level

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Repair and maintenance of patient beds and other clinical equipment

• Shift supervision for the entire house

• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort

**Trauma Intensive Care Unit**

The normalizations for the departments within this series:

• 01016, Trauma Intensive Care Unit

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Clinical Nurse Specialists providing care to patient within this department, e.g., critical, cardiac, pain, pediatric, psychiatric, wound care

• Clinical/nursing staff acting as educators who perform unit/department specific training

• Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Case Management
• Clerical support for Nursing Administration Managers or Directors
• Environmental services functions, e.g., cleaning services
• Food Service Worker
• IV Therapy Team
• Monitor Technicians, including any staff performing telemetry monitoring functions in lieu of a Monitor Tech
• Nurse scheduling coordination, allocation of nursing staff resources, and balancing the nursing staff to patient and unit needs
• Nursing Managers/Directors above the nursing unit management level
• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.
• Repair and maintenance of patient beds and other clinical equipment
• Shift supervision for the entire house
• Social Workers
• Student nurses or externs assigned to the unit for clinical experience
• Transplant Coordinator
• Transport of patients not requiring clinical escort
Chapter 28. Other Clinical Support Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 04620, Orthotics and Prosthetics Services 1661
- 04630, Endoscopy (GI) Laboratory 1666
- 04640, Hematology Oncology Infusion Therapy (Hema/Onc) 1674
- 04642, Pediatric Hematology Oncology Infusion Therapy (Peds) 1680
- 04644, Hematology Infusion Therapy (Hema) 1686
- 04650, Lithotriptor Center 1692
- 04665, Pre Admission / Pre Procedure Testing 1697
- G4600, Other Clinical Services 1701
- Other Clinical Support Services Worksheets 1705

04620, Orthotics and Prosthetics Services

The Orthotics/Prosthetics department provides custom orthotic and/or prosthetic devices to patients in accordance with a physician-prescribed order.

Orthotics and Prosthetics Workload Volumes

Inpatient Visits

The total number of separate visits made by an orthotics and prosthetics health care professional to the inpatient bedside.

This is a subset of Total Patient Visits.
Orthotic Prescriptions

Orthotic Prescriptions is the unique number of physician prescribed orders for a new orthotic devices or for a repair of an existing orthotic device which is past warranty.

This is a subset of Total Prescriptions.

Outpatient Visits

The total number of outpatient visits seen for an orthotics and prosthetics appointment.

This is a subset of Total Patient Visits.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Prosthetic Prescriptions

Prosthetic Prescriptions is the unique number of physician prescribed orders for new prosthetic or devices or for a repair of an existing prosthetic device which is past warranty.

This is a subset of Total Prescriptions.

Total Prescriptions

Total prescriptions is the unique number of physician prescribed orders for new orthotic or prosthetic devices or for a repair of an existing device which is past warranty.

Orthotics and Prosthetics Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Orthotist, Pedorthist, Prosthetist

Total hours worked by certified Orthotist, Pedorthist or Prosthetist.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

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**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

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**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

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**Orthotics and Prosthetics Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Orthotic and Prosthetic Medical Supply Expense

Total expense for all custom componentry, soft goods, plastic, off the shelf goods, etc. that are used to fabricate custom devices, custom-fit devices, or are devices sold directly to the patient.

This is a subset of Medical Supply Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Orthotics and Prosthetics Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider

• Paid Hours: Staff

• Patient Visits

• Physician Provider Professional Fee Expense

• Worked Hours: Physician Provider

• Worked Hours: Staff

Orthotics and Prosthetics Normalizations

Exclude the hours and costs associated with the following function:

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Operating a hospital based School of Orthotics and Prosthetics, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Repair and Maintenance of Clinical Equipment/Rooms

04630, Endoscopy (GI) Laboratory

The Endoscopy/GI Laboratory department provides general support to physicians conducting and patients undergoing procedures that involve the introduction of a scope or related instrument into the body. Procedures done in this department include: endoscopies and other invasive gastrointestinal examinations (Colonoscopy, Sigmoidoscopy, Anal/Rectal Manometry, Rectal U/S, Gastroscopy, Cholangioscopy, Feeding Tube insertion, Capsule Endoscopy, ERCP with or without intervention, EGD, Esophageal U/S, Esophageal manometry, GI ablation procedures); pulmonary procedures (bronchoscopy, Trach tube removal/exchange, Endobronchial U/S); and pain procedures. The department includes pre-procedure activity, performance of the procedure, and post-procedure recovery. Counted services can be provided in any area of the facility as long as they are provided by the department staff.

Endoscopy (GI) Laboratory Mapping Guidelines
If your cost center includes 20% or more of procedures other than endoscopies, pulmonary, pain and other invasive gastrointestinal procedures and exams, this department is not an appropriate choice. Other options may include 03011, Operating Room department; 03040, Ambulatory Surgery Center department; or G4600, Other Clinical Support Services department.

**Endoscopy (GI) Laboratory Workload Volumes**

**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

**Bronchoscopy Procedures**

Count all bronchoscopy procedures performed by the department for the reporting period. Include only CPT codes 31622 – 31661.

This is a component of Total Procedures.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number reported here is 7.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number reported here is 168.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a component of Total Procedures.
Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Patient Visits: Pediatric

Total separate pediatric patient encounters supported by department staff for the reporting period. A pediatric patient is one that is younger than 18 years of age. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a component of Patient Visits.

Procedure Minutes: Pediatric

The total number of minutes from when the pediatric patient enters a procedure room to when the patient leaves a procedure room; when provided outside a procedure room the count would be procedure start to procedure end. Count the entire time that a pediatric patient spends in the procedure room for each procedure. A pediatric patient is one that is younger than 18 years of age.

This is a component of Procedure Minutes.

Procedure Rooms

The total number of discrete spaces designed and equipped for patient procedures. Procedure rooms do not typically overlap with exam rooms. Report only those rooms routinely used for procedures.

Procedures

Total procedures performed. These procedures relate to many different parts of the anatomy and cover a wide range of CPT codes.

See the APC and Work RVU worksheet for more information. The worksheet can be found on the Support tab of ActionOI.

Procedures: Pediatric

Count all procedures performed on pediatric patients by the department for the reporting period. A pediatric patient is one that is younger than 18 years of age.

This is a component of Total Procedures.
Recovery Time

The total number of minutes that patients spent in recovery, including phase 1 and phase 2. Include only the recovery time for patients who recover on this unit or for patients whose recovery is the responsibility of the staff in this department.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Endoscopy (GI) Laboratory Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
**Worked Hours: Technician**

Total hours worked by certified technician including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Endoscopy (GI) Laboratory Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.
Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Endoscopy (GI) Laboratory Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Physician Provider Professional Fee Expense

• Total Procedures

• Worked Hours: Physician Provider

• Worked Hours: Staff

**Endoscopy (GI) Laboratory Normalizations**

Include the hours and costs associated with the following function:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program (Endoscopy)

• Cleaning and processing of scopes or instruments used by the Endoscopy-GI Lab department

• Endoscopy (GI) procedure room cleaning between patients, e.g., pick up trash, disinfect surfaces, replace soiled linens

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Endoscopy)

• Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)

• Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures

Exclude the hours and costs associated with the following function:

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Grant or research funded services

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms

• Transport of patients not requiring clinical escort
04640, Hematology Oncology Infusion Therapy (Hema/Onc)

The Hematology Oncology Infusion Therapy department provides ambulatory infusion therapy, including but not limited to chemotherapy, antiviral, antibiotics, antifungal, hydration, anti-inflammatory; anti-thrombolytic; autoimmune deficiency medications, total parenteral nutrition and blood products (stem cells, platelets, red cells, donor lymphocytes, provvenge, and cryoprecipitate). This department may also perform the following procedures or services; bone marrow biopsies, insertion and care of central catheters, insertion and care of bladder catheters, line placements, PICC line repair, IV Diagnostic testing, TPA.

Hematology Oncology Infusion Therapy (Hema/Onc) Mapping Guidelines

Other duties/responsibilities that should be included: department management and administrative support staff assisting the services provided to the patients.

Hematology Oncology Infusion Therapy (Hema/Onc) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number reported here is 7.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number reported here is 168.

Infusion Beds

Total infusion beds available for Infusion Therapy.
Infusion Chairs
Total chairs available for infusion therapy. These are typically medical recliner chairs dedicated to infusion therapy administration.

Infusions
Report the total billable infusions that are supported by the infusion therapy staff. May include, but is not limited to transcatheter, intravenous, subcutaneous or intramuscular infusion therapies.

This is a subset of Total Procedures.

Procedure Rooms
The total discrete spaces designed and equipped for procedures used by department staff. Procedure rooms are usually distinct from examination rooms; however if a room is equipped for dual purposes (exams and procedures), it should be included in this count.

This value should not include the values used in the elements: Infusion beds and chairs.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Hematology Oncology Infusion Therapy (Hema/Onc) Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by LPN/LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Non MD and Non Mid Level Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Hematology Oncology Infusion Therapy (Hema/Onc) Expense Elements**

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).
This is a subset of Labor Expense.

**Medical Supply Expense**
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**
Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Hematology Oncology Infusion Therapy (Hema/Onc) Mandatory Elements**
The following data elements are mandatory for this department:

- APC Relative Weight
- Infusions
• Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Hematology Oncology Infusion Therapy (Hema/Onc) Normalizations**

Exclude the hours and costs associated with the following function:

• Clinical Dietitian
• Clinical Engineer and/or Biomedical Technician
• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Repair and Maintenance of Clinical Equipment/Roads
• Social Workers
04642, Pediatric Hematology Oncology Infusion Therapy (Peds)

The Pediatric Hematology Oncology Therapy Infusion Therapy department provides ambulatory infusion therapy, including but not limited to chemotherapy, antiviral, antibiotics, antifungal, hydration, anti-inflammatory; anti-thrombolytic; autoimmune deficiency medications, total parenteral nutrition and blood products (stem cells, platelets, red cells, donor lymphocytes, provence, and cryoprecipitate). This department may also perform the following procedures or services; bone marrow biopsies, insertion and care of central catheters, insertion and care of bladder catheters, line placements, PICC line repair, IV Diagnostic testing, TPA.

Pediatric Hematology Oncology Infusion Therapy (Peds) Mapping Guidelines

Other duties/responsibilities that should be included: department management and administrative support staff assisting the services provided to the patients. The patient population should be at least 95% 18 years of age or younger.

Pediatric Hematology Oncology Infusion Therapy (Peds) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number reported here is 7.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number reported here is 168.

Infusion Beds

Total infusion beds available for Infusion Therapy.
Infusion Chairs

Total chairs available for infusion therapy. These are typically medical recliner chairs dedicated to infusion therapy administration.

Infusions

Report the total billable infusions that are supported by the infusion therapy staff. May include, but is not limited to transcatheter, intravenous, subcutaneous or intramuscular infusion therapies. Infusions is not a subset of Procedures.

This is a subset of Total Procedures.

Procedure Rooms

The total discrete spaces designed and equipped for procedures used by department staff. Procedure rooms are usually distinct from examination rooms; however if a room is equipped for dual purposes (exams and procedures), it should be included in this count.

This value should not include the values used in the elements: Infusion beds and chairs.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Pediatric Hematology Oncology Infusion Therapy (Peds) Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by LPN/LVN (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Non MD and Non Mid Level Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
worked hours: overtime

represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). hours worked on an overtime basis while attending training or seminars would be included. exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. the value should match what is reported to the u.s. department of labor under the fair labor standards act (flsa) section 3(s)(1)(b).

this is a subset of worked hours: staff.

worked hours: physician provider

represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. include licensed physicians, interns, residents, nurse practitioners and crnas who work as advanced practitioners, and other advanced practitioners. include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to adt orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. also include medical directors that provide clinical expertise and guidance for a unit or service line.

this is a subset of worked hours: staff.

worked hours: rn

total hours worked by rn (registered nurse) including but not limited to time spent providing patient care services.

this is a subset of worked hours: staff.

worked hours: staff

total hours worked, include regular and overtime hours. exclude on call stand by hours.

Pediatric Hematology Oncology Infusion Therapy (Peds) Expense Elements

Drug Expense

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Pediatric Hematology Oncology Infusion Therapy (Peds) Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Infusions
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Pediatric Hematology Oncology Infusion Therapy (Peds) Normalizations**

Exclude the hours and costs associated with the following function:

- Clinical Dietitian
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

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04644, Hematology Infusion Therapy (Hema)

The Hematology Infusion Therapy department provides ambulatory infusion therapy, including but not limited to antiviral, antibiotics, antifungal, hydration, anti-inflammatory; anti-thrombolytic; autoimmune deficiency medications, total parenteral nutrition and blood products (stem cells, platelets, red cells, donor lymphocytes, provence, and cryoprecipitate). This department may also perform the following procedures or services; bone marrow biopsies, insertion and care of central catheters, insertion and care of bladder catheters, line placements, PICC line repair, IV Diagnostic testing, TPA.

Hematology Infusion Therapy (Hema) Mapping Guidelines

Other duties/responsibilities that should be included: department management and administrative support staff assisting the services provided to the patients. The patient population should be at least 95% Hematology, and does not provide oncology/chemotherapy services.

Hematology Infusion Therapy (Hema) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number reported here is 7.
**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

The maximum number reported here is 168.

**Infusion Beds**

Total infusion beds available for Infusion Therapy.

**Infusion Chairs**

Total chairs available for infusion therapy. These are typically medical recliner chairs dedicated to infusion therapy administration.

**Infusions**

Report the total billable infusions that are supported by the infusion therapy staff. May include, but is not limited to transcatheter, intravenous, subcutaneous or intramuscular infusion therapies. Infusions is not a subset of Procedures.

This is a subset of Total Procedures.

**Procedure Rooms**

The total discrete spaces designed and equipped for procedures used by department staff. Procedure rooms are usually distinct from examination rooms; however if a room is equipped for dual purposes (exams and procedures), it should be included in this count.

This value should not include the values used in the elements: Infusion beds and chairs.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
### Hematology Infusion Therapy (Hema) Department Hour Elements

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by LPN/LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Non MD and Non Mid Level Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Hematology Infusion Therapy (Hema) Expense Elements

Drug Expense

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Hematology Infusion Therapy (Hema) Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Infusions
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

Hematology Infusion Therapy (Hema) Normalizations

Exclude the hours and costs associated with the following function:

- Clinical Dietitian
- Clinical Engineer and/or Biomedical Technician
- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

- Repair and Maintenance of Clinical Equipment/Rooms

- Social Workers

04650, Lithotriptor Center

The Lithotriptor Center department provides lithotripsy services to disintegrate renal and/or biliary calculi using ultrasonic waves.

Lithotriptor Center Workload Volumes

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Procedures.

Patient Initial Visits

The total number of initial visits that are supported by the department. Initial visits are visits by patients who have never been seen by the department, who have not been seen in the past three years, or a returning patient being treated for a new diagnosis/new site.

This is a subset of Patient Visits.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
Procedures

The total shock wave treatments performed. This includes but is not limited to Bile Duct Calculi (Stone) Endoscopy, Lithotripsy, or extracorporeal shock wave.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Lithotripter Center Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Lithotripter Center Expense Elements

September 2019

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Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.


**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Lithotriptor Center Mandatory Elements**

The following data elements are mandatory for this department:

- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Lithotriptor Center Normalizations**

Exclude the hours and costs associated with the following function:

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms
04665, Pre Admission / Pre Procedure Testing

This department coordinates and performs pre-admission/pre-procedure screening encounters. These encounters include phone call appointments, in-person visits with RNs and NPs, labs and other diagnostic testing. These encounters ensure the appropriate paperwork and results are coordinated and organized at least 48 hours prior to the scheduled admission or procedure. This department may also perform services for other ancillary areas such as Endoscopy, Electrophysiology, Invasive Cardiology, and Labor and Delivery.

Pre Admission / Pre Procedure Testing Mapping Guidelines

If your actual cost center(s) is dedicated to surgical procedures and the testing/screening occurs less than 48 hours prior to the scheduled admission or procedure, this department may not be the appropriate choice. Other options include 03030, Ambulatory Preop and Postop department or G3000, Other Surgical Services department.

Pre Admission / Pre Procedure Testing Workload Volumes

Cases Supported
Total surgical cases supported by department staff.

Days of Operation per Week
Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Hours of Operation per Week
Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Patient Visits
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.
**Phone Encounters**

The number of routine, pre-admission/pre-procedure encounters (evaluations with pre-procedure teaching) by a registered nurse performed via telephone.

**Pre Inpatient Admission Visits**

The total separate visits supported by department staff, made by patients in preparation for an inpatient hospital stay.

This is a subset of Patient Visits.

**Pre Admission / Pre Procedure Testing Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by LPN and or LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Preadmission Testing Staff**

Total hours worked by technologist, technician, and medical assistant staff dedicated to preadmission testing activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Pre Admission / Pre Procedure Testing Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Pre Admission / Pre Procedure Testing Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Visits
- Physician Provider Professional Fee Expense
• Worked Hours: Staff

G4600, Other Clinical Services

This generic department includes all cost centers belonging to Clinical Services that cannot be mapped to the individual clinical services departments.

Other Clinical Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
**Worked Hours: Technician**

Total hours worked by certified technician including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Technologist**

Total hours worked by Registered Vascular Technologists or equivalent.

This is a subset of Worked Hours: Staff.

**Other Clinical Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Other Clinical Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Other Clinical Services Normalizations

Exclude the hours and costs associated with the following function:

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms

Other Clinical Support Services Worksheets

Workload computation worksheets are used to submit procedure-level data for the calculation of Relative Value Units. Count only actual procedures (relevant CPT codes) for the procedure count. Non-procedure charges (CPT codes in the 99000 series), such as supply, STAT, portable, time charges, set-up charges, computer processing charges, and other miscellaneous non-procedure charges, should not be counted. Do not include physician service codes in the procedure count.

Use the following worksheets for this department. The worksheets can be found on the Support tab of ActionOI.

- APC and Work RVU Worksheet
- Infusion Therapy Worksheet
Chapter 29. Other Support Services

This chapter includes the following sections:

- 05910, Security 1706
- 05920, Patient Shuttle Services 1711
- 05925, Patient Escort (Transport) Services 1714
- G5900, Other Support Services 1717

05910, Security

This department provides protection and security services to ensure the safety of hospital patients, visitors, staff, and facility. Tasks may include, but are not limited to: visitor control, non-patient escorts, education and investigations of workplace violence interventions.

Security Mapping Guidelines

This department does not include Patient Safety which is a discipline that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery; it minimizes the incidence and impact of, and maximizes recovery from, adverse events. Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimize future incidents involving patients.

Security Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
**Assistance Calls Completed**

The total requests for assistance received and completed by the security staff in this department for the reporting period. Assistance Calls Completed includes, but is not limited to assistance whether minor (i.e. automobile lockout or escort) or major (i.e. assault) in nature for any person (employees/staff, patients and or visitors). The value reported should be the sum of Auto Related and Facility Access Calls, Employee, Patient and Visitor Incidents/Accidents.

**Automobile Related Calls**

The total calls completed involving automobile related issues includes, but is not limited to abandoned vehicle, jump-starts, lock outs, parking, and traffic. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies.

This is a subset of Assistance Calls Completed.

**Employee Incidents/Accidents**

The total calls completed involving investigation of an employee incident and or accident includes, but is not limited to alarms, criminal mischief, disorderly conduct, escorts, lost property, and suspicious activities. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies. Do not include calls related to automobile or facility within this element.

This is a subset of Assistance Calls Completed.

**Facility Access Calls**

The total calls completed involving the facility and or room access issues includes, but is not limited to bomb threats, codes, door access, and fire alarms. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies.

This is a subset of Assistance Calls Completed.

**Gross Square Feet Patrolled**

The gross square feet routinely patrolled by the Security department staff includes the square footage of physical building(s)/property such as: hospital(s), physician offices, clinics, warehouses as well as parking areas and land. This value should also include roof space and the square footage of each floor of a parking garage physically patrolled on foot. This element will not match square feet that maybe used in other standard departments.

**Patient Incidents/Accidents**

The total calls completed involving investigation of a patient incident and or accident includes, but is not limited to alarms, combativeness, and mental illness/psychiatric. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies. Do not include calls related to automobiles or facility within this element.
This is a subset of Assistance Calls Completed.

**Police Interventions**

The total cases requiring on-site physical interventions of local or state law enforcement agencies. The incident may involve additional levels of agency involvement, such as high level investigation at later stages. However, the count should reflect the number of cases requiring additional assistance, not the number of times or the number of agencies involved in the assistance.

**Visitor Incidents/Accidents**

The total calls completed involving investigation of a visitor incident or accident includes, but is not limited to alarms, criminal mischief, disorderly conduct, escorts, missing persons, and suspicious activities. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies. Do not include calls related to automobiles or facility within this element.

This is a subset of Assistance Calls Completed.

**Security Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Dispatcher**

Total hours worked by those responsible for communication activities, operations and maintenance of equipment: including but not limited to telephones, alarm systems, access control systems, CCTV systems, digital video recorders, radio systems and computers; may also be responsible for handling all service and emergency telephone calls and all radio communication transmissions; sending and receiving calls for service and documenting the activities of all security personnel on duty.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non-worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Security Professional**

Total hours worked by security/enforcement staff (may or may not have constable power to make arrests) enforcing hospital regulations, and provides a safe and secure environment for hospital patients, visitors and employees. May also investigate complaints or potential criminal conduct and may assist in restraining patients as necessary.

This is a subset of Worked Hours: Staff.

**Worked Hours: Security Professional**

Total hours worked by security/enforcement staff (may or may not have constable power to make arrests).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Security Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Security Mandatory Elements
The following data elements are mandatory for this department:

- Gross Square Feet Patrolled
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Security Normalizations
Include the hours, costs and volumes (where applicable) associated with the
• Security Functions, e.g., visitor control, non-patient escorts, education, investigations of workplace violence interventions. Do not move personnel functioning as a sitter or 1:1 observation; it stays in the department where the patient is located.

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Parking functions, e.g., tollbooth, valet services

• Patient Safety which is a discipline that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery; it minimizes the incidence and impact of, and maximizes recovery from, adverse events. Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimizes future incidents.

• Patient Sitters

05920, Patient Shuttle Services

This department includes functions related to moving patients between their places of residence or transportation terminals and the facility via bus, van, or automobile.

Patient Shuttle Services Workload Volumes

Miles Traveled

Total miles logged by department vehicles in support of specific requests.

Patient Transports Performed

The total number of one way patient transports performed by the department staff. Each patient transport from one destination to another, counts as an escort. For example, a request to provide patient transport from a nursing unit to radiology, counts as an escort. Similarly, a department escort of the patient from radiology back to the nursing unit counts as an escort. The patient may also be accompanied by a medical professional from another department. Off-site transports to or from the facility also count for each direction that a patient is transported. The number Patient Transports Performed may be greater than number Round Trips Performed.

Round Trips Performed

The number of round trips made by the department staff. Each departure from and return to the department base of operations counts as one trip. For example, a department staff member leaves the department to transport a patient from the clinic to the lab. While in the lab, the staff member escorts another patient back to the nursing unit. The staff member then returns to the department. This counts as one trip. Each trip with a departure from the base of operations that returns to base of operations, counts as one trip. Note: Courier service primarily performs non-patient transport. Patient escort primarily performs patient transport on site. Patient shuttle primarily performs patient transport offsite.
Patient Shuttle Services Department Hour Elements

**Paid Hours: Contract Labor**
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**
Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Shuttle Driver**
Total hours worked by patient shuttle drivers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Patient Shuttle Services Expense Elements

Contract Service Expense
Total expense for services (e.g., collections) provided by outside contractors.
This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Non Medical Supply Expense
Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.
This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

Vehicle Expense
Total expense for vehicle maintenance.
This is a subset of Other Direct Operating Expense.
Patient Shuttle Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Transports Performed
- Worked Hours: Staff

Patient Shuttle Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Drivers of patient shuttles

05925, Patient Escort (Transport) Services

This department includes functions related to moving inpatients and outpatients throughout the facility.

Patient Escort (Transport) Services Workload Volumes

Patient Transports Performed

The total number of one way patient transports performed by the department staff. Each patient transport from one destination to another, counts as an escort. For example, a request to provide patient transport from a nursing unit to radiology, counts as an escort. Similarly, a department escort of the patient from radiology back to the nursing unit counts as an escort. The patient may also be accompanied by a medical professional from another department. Off-site transports to or from the facility also count for each direction that a patient is transported. The number Patient Transports Performed may be greater than number Round Trips Performed.
**Round Trips Performed**

The number of round trips made by the department staff. Each departure from and return to the department base of operations counts as one trip. For example, a department staff member leaves the department to transport a patient from the clinic to the lab. While in the lab, the staff member escorts another patient back to the nursing unit. The staff member then returns to the department. This counts as one trip. Each trip with a departure from the base of operations that returns to base of operations counts as one trip. Note: Courier service primarily performs non-patient transport. Patient escort primarily performs patient transport on site. Patient shuttle primarily performs patient transport offsite.

**Patient Escort (Transport) Services Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or standby hours.

This is a subset of **Worked Hours: Staff**.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of **Worked Hours: Staff**.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of **Worked Hours: Staff**.
**Worked Hours: Patient Escort**
Total hours worked for patient escort staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Patient Escort (Transport) Services Expense Elements**

**Contract Service Expense**
Total expense for services (e.g., collections) provided by outside contractors.
This is a subset of Other Direct Operating Expense.

**Labor Expense**
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Non Medical Supply Expense**
Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.
Patient Escort (Transport) Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Transports Performed
- Worked Hours: Staff

Patient Escort (Transport) Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- Internal wheelchair or ambulatory patient transport
- Transport of patients not requiring clinical escort
- Transport of patients to/from the department

G5900, Other Support Services

This generic department includes all cost centers belonging to Other Support Services that cannot be mapped to individual departments.

Other Support Services Workload Volumes

Assistance Calls Completed

The total requests for assistance received and completed by the security staff in this department for the reporting period. Assistance Calls Completed includes, but is not limited to assistance whether minor (i.e. automobile lockout or escort) or major (i.e. assault) in nature for any person (employees/staff, patients and or visitors). The value reported should be the sum of Auto Related and Facility Access Calls, Employee, Patient and Visitor Incidents/Accidents.
Automobile Related Calls
The total calls completed involving automobile related issues includes, but is not limited to abandoned vehicle, jump-starts, lock outs, parking, and traffic. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies.

This is a subset of Assistance Calls Completed.

Employee Incidents/Accidents
The total calls completed involving investigation of an employee incident and or accident includes, but is not limited to alarms, criminal mischief, disorderly conduct, escorts, lost property, and suspicious activities. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies. Do not include calls related to automobile or facility within this element.

This is a subset of Assistance Calls Completed.

Facility Access Calls
The total calls completed involving the facility and or room access issues includes, but is not limited to bomb threats, codes, door access, and fire alarms. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies.

This is a subset of Assistance Calls Completed.

Gross Square Feet Patrolled
The gross square feet routinely patrolled by the Security department staff includes the square footage of physical building(s)/property such as: hospital(s), physician offices, clinics, warehouses as well as parking areas and land. This value should also include roof space and the square footage of each floor of a parking garage physically patrolled on foot. This element will not match square feet that maybe used in other standard departments.

Miles Traveled
Total miles logged by department vehicles in support of specific requests.

Patient Incidents/Accidents
The total calls completed involving investigation of a patient incident and or accident includes, but is not limited to alarms, combativeness, and mental illness/psychiatric. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies. Do not include calls related to automobiles or facility within this element.

This is a subset of Assistance Calls Completed.
Patient Transports Performed

The total number of one way patient transports performed by the department staff. Each patient transport from one destination to another, counts as an escort. For example, a request to provide patient transport from a nursing unit to radiology, counts as an escort. Similarly, a department escort of the patient from radiology back to the nursing unit counts as an escort. The patient may also be accompanied by a medical professional from another department. Off-site transports to or from the facility also count for each direction that a patient is transported. The number Patient Transports Performed may be greater than number Round Trips Performed.

Police Interventions

The total cases requiring on-site physical interventions of local or state law enforcement agencies. The incident may involve additional levels of agency involvement, such as high level investigation at later stages. However, the count should reflect the number of cases requiring additional assistance, not the number of times or the number of agencies involved in the assistance.

Round Trips Performed

The number of round trips made by the department staff. Each departure from and return to the department base of operations counts as one trip. For example, a department staff member leaves the department to transport a patient from the clinic to the lab. While in the lab, the staff member escorts another patient back to the nursing unit. The staff member then returns to the department. This counts as one trip. Each trip with a departure from the base of operations that returns to base of operations, counts as one trip. Note: Courier service primarily performs non-patient transport. Patient escort primarily performs patient transport on site. Patient shuttle primarily performs patient transport offsite.

Visitor Incidents/Accidents

The total calls completed involving investigation of a visitor incident or accident includes, but is not limited to alarms, criminal mischief, disorderly conduct, escorts, missing persons, and suspicious activities. This value would also include the number of calls that resulted in physical interventions of local or state law enforcement agencies. Do not include calls related to automobiles or facility within this element.

This is a subset of Assistance Calls Completed.

Other Support Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Dispatcher

Total hours worked by those responsible for communication activities, operations and maintenance of equipment: including but not limited to telephones, alarm systems, access control systems, CCTV systems, digital video recorders, radio systems and computers; may also be responsible for handling all service and emergency telephone calls and all radio communication transmissions; sending and receiving calls for service and documenting the activities of all security personnel on duty.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Security Professional

Total hours worked by security/enforcement staff (may or may not have constable power to make arrests) enforcing hospital regulations, and provides a safe and secure environment for hospital patients, visitors and employees. May also investigate complaints or potential criminal conduct and may assist in restraining patients as necessary.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Other Support Services Expense Elements

**Contract Service Expense**

Total expense for services (e.g., collections) provided by outside contractors.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Non Medical Supply Expense**

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Vehicle Expense**

Total expense for vehicle maintenance.

This is a subset of Other Direct Operating Expense.
**Other Support Services Mandatory Elements**

The following data elements are mandatory for this department:

- Gross Square Feet Patrolled
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Other Support Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Security Functions, e.g., visitor control, non-patient escorts, education, investigations of workplace violence interventions. Do not move personnel functioning as a sitter or 1:1 observation; it stays in the department where the patient is located

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Parking functions, e.g., tollbooth, valet services
- Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimize future incidents
- Patient Sitters who physically 'sit' in the patients' room (do not include staff who watches video monitors in lieu of physically sitting in the patient's room)
Chapter 30. Pharmacy Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 04410, Pharmacy Services: Inpatient & Outpatient 1723
- 04411, Pharmacy Services: Retail/Prescription 1734
- 04430, Pharmacy Services: Inpatient Only 1744
- 04440, Pharmacy Services: Outpatient Only 1754
- 04490, Pharmacy Services: Administration and Support 1764
- G4400, Pharmacy Other Services 1771
- I4400, Pharmacy Patient Services Rollup 1783
- I4411, Pharmacy Retail/Prescription Services Rollup 1792
- Pharmacy Services Worksheets 1800

04410, Pharmacy Services: Inpatient & Outpatient

This department controls, mixes, compounds, and distributes drugs, and provides pharmaceutical consultation in support of inpatients, as well as to ambulatory areas including ambulatory/outpatient clinics, infusion therapy, infusion oncology, ambulatory dialysis, ambulatory surgery, ambulatory procedural areas, Operating Rooms and the Emergency Department. Include Pharmacy residents only if they are independently filling a shift and providing clinical and/or distributed services captured and reflected in the workload units. Prescription-based Retail entities are excluded.

Pharmacy Services: Inpatient & Outpatient Mapping Guidelines

If your actual cost center is a combination of both inpatient and ambulatory pharmacy services, including shared staff between these services, map to this department. If you have an actual distinct cost center or cost centers for inpatient pharmacy services, it is more appropriate to map to 04430, Pharmacy Inpatient Services department. If you have an actual distinct cost center or cost centers for ambulatory/clinic pharmacy services, it is more appropriate to map to 04440, Pharmacy Ambulatory/Clinic Services department. Do not map prescription-based retail entities to this department.
If you would like to separate your actual combined pharmacy cost center(s) into inpatient and/or ambulatory components, create a normalized only 04430, Pharmacy Inpatient Services department and/or 04440, Pharmacy Ambulatory/Clinic Services department. The creation of these normalized only departments is optional.

Pharmacy Services: Inpatient & Outpatient Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Ambulatory Patient Visits Seen by Pharmacist

Total ambulatory patient visits for which medication services were provided in the reporting period. Visits supported include ambulatory patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

This is a subset of Ambulatory Patient Visits Supported.

Ambulatory Patient Visits Supported

Total ambulatory patient visits for which medication services were provided by department staff during the reporting period. Visits supported include ambulatory/outpatient patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

Clinical Service Workload Units

The total calculated time spent by department staff performing clinical services during the reporting period. Clinical services includes but is not limited to: consultations, pharmacist interventions, encounters with patients to assess and adjust drug therapy, drug utilization reviews, and adverse drug reaction reporting. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet found on the Support Page for a complete list of clinical workload activities.
Compounded Doses Dispensed
Total doses of medication compounded and dispensed to patients by the department for the reporting period.

This is a component of Doses Dispensed.

Days of Operation per Week
Total number of days the department is open for operation during the week.

Doses Dispensed
The total doses of medication dispensed to patients (via all routes of administration) by the department during the reporting period. Include automated point of care drug dispensing system (e.g. Pyxis, Omnicell) refills and all other doses dispensed by the department to patient areas.

Doses Dispensed: Complex IV
Total doses of medication produced and dispensed to patients via complex IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Oral
Total doses of medication produced and dispensed to patients via oral administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Simple IV
Total doses of medication produced and dispensed to patients via simple IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: TPN
Total doses of medication produced and dispensed to patients via TPN administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.
**Hours Devoted to Teaching**

The total hours devoted by the department to teaching residents and students, including but not limited to bench/on-the-job teaching and/or preceptoring for the reporting period. Enter 0 if there is no teaching program supported by the department.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Infusions Supported**

The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.

**Investigational Drug Studies In Progress**

Enter the total number of investigational drug studies in progress during the reporting period.

**Medication Reconciliation Service Units**

Total calculated time spent by department staff performing medication reconciliation during the reporting period. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet on the Support Page for details on how to calculate the service units.

This is a subset of Clinical Service Workload Units.

**Number of Clinics Pharmacy Department Provides Services**

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks).

**Number of Clinics with Dedicated Pharmacist**

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks) with a dedicated Pharmacist.

**Orders Processed**

The total new, revised and/or modified orders processed by the department during the reporting period. Include discontinued orders and re-dispenses.
**Pharmacy Intensity Score: Inpatient**

The Pharmacy Intensity Score: Inpatient is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Pharmacy Intensity Score. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97). Please refer to the Intensity Score Workbook_Supply and Pharmacy worksheet available on the Support tab for assistance reporting this value.

**Pharmacy Residents Supported**

Total number of individual Pharmacy Residents supported by the department during the reporting period.

**Pharmacy Services: Inpatient & Outpatient Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacist

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Buyer

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Resident

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Technician

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Pharmacy Services: Inpatient & Outpatient Operational Metrics

Pharmacy Intensity Score

The Pharmacy Intensity Score calculated for your facility on the Intensity Score workbook_Supply and Pharmacy. The worksheet can be found on the Support tab of ActionOI.
Pharmacy Services: Inpatient & Outpatient Revenue Elements

Inpatient Gross Charges
Report the facility wide total pharmacy gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees and charges for discharge prescriptions.

Outpatient Gross Charges
Report the facility wide total pharmacy gross charges for services provided to ambulatory areas including but not limited to ambulatory/outpatient clinics, infusion therapy, infusion oncology, ambulatory dialysis, ambulatory surgery, ambulatory procedural areas (e.g. Operating Rooms, Emergency Department, etc) for the reporting period. Report charges as the actual dollar amount. Exclude charges for take-home and retail prescriptions.

Pharmacy Services: Inpatient & Outpatient Expense Elements

Albumin and Plasma Protein Fraction Expense
Total drug expense for all strengths and sizes of albumin and plasma protein fraction.
This is a subset of Drug Expense.

Anti-Infective Drug Expense
Total drug expense for all anti-infective drugs.
This is a subset of Drug Expense.

Anticoagulant and Thrombolytic Drug Expense
Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.
This is a subset of Drug Expense.

Blood and Immune System Modifiers Expense
Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepoitin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).
This is a subset of Drug Expense.
Botulinum Toxin Expense
Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.
This is a subset of Drug Expense.

Contrast Media Expense
Total drug expense for all strengths, sizes and brands of radiology contrast media.
This is a subset of Drug Expense.

Drug Expense
Total pharmaceutical expense for the department.
This is a subset of Medical Supply Expense.

Enzyme Deficiency Replacement Drug Expense
Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.
This is a subset of Drug Expense.

Hemophilia Factor Expense
Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.
This is a subset of Drug Expense.

Infliximab Drug Expense
Total drug expense for Infliximab.
This is a subset of Drug Expense.

IV Immune Globulin Expense
Total drug expense for all brands of IV immune globulin (IVIG).
This is a subset of Drug Expense.
Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Macular Degeneration Drug Expense
Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.

Medical Supply Expense
Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

Oncology Drug Expense
Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Transplant Drug Expense
Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.

Vaccines and Toxoids Expense
Total drug expense for all vaccines and toxoids.

This is a subset of Drug Expense.

Volatile Anesthetic Gases Expense
Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.

Pharmacy Services: Inpatient & Outpatient Mandatory Elements
The following data elements are mandatory for this department:

- Clinical Service Workload Units
- Days of Operation per Week
- Drug Expense
- Hours of Operation per Week
- Inpatient Gross Charges
- Labor Expense
- Medical Supply Expense
Pharmacy Services: Inpatient & Outpatient Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products

- Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.

- Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

- Personnel performing the functions of the department's day to day managerial operations (Pharmacy)

Exclude the hours costs and volumes (where applicable) associated with the

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Pharmacy Services)

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs

- Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)
• Contrast Media Expense

• Cost of all take-home prescriptions and over the counter drugs for patients and employees

• Cost of hemophilia factors

• Marketing/Sales staff whose primary objective is to solicit new pharmacy business (do not process scripts)

• Nuclear pharmacy services staff and drug expenses

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Pharmacy)

• Pharmaceutical research programs, e.g., investigational drug studies

• Pharmacy Informatics (focusing on medication-related data and knowledge in the delivery of optimal medication-related patient care and health outcomes; including its acquisition, storage, analysis, use and dissemination)

• Pharmacy Residency Program administration and support

• Purchasing, Receiving, Warehousing and Inventory Control (Pharmacy)

• Repair and Maintenance of Clinical Equipment/Rooms

• Support activities performed by department staff for quality improvement, regulatory compliance, and drug policy related activities

• Support department activities for Information Systems, Electronic Health Record, automated distribution systems, etc.

04411, Pharmacy Services: Retail/Prescription

This department primarily dispenses take-home prescription medications for patients being discharged, ambulatory patients (i.e. clinic-based retail), and/or employees. It may also include the following functions: specialty drug/prescriptions, refilling prescriptions, mail order prescriptions, durable medical equipment sales, and over the counter sales. Home Infusion Pharmacies are excluded.

Pharmacy Services: Retail/Prescription Mapping Guidelines

If your actual cost center does not exclusively include take-home prescription medication and the associated labor and supply expenses for prescriptions filled in prescription-based retail or outpatient entities, it may not be appropriate to map to this department. Another option may be the G4400, Pharmacy Other Services department.
If you have mapped your actual cost center to the G4400, Pharmacy Other Services department, in which staff time and materials expense for take-home prescriptions are a component, the creation of a normalized only 04411, Pharmacy Retail/Prescription Services department is encouraged.

**Pharmacy Services: Retail/Prescription Workload Volumes**

**340(B) Qualified Rx Processed**

Enter the total number of 340(B) qualified prescriptions received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

**Employee Rx Processed**

Enter the total number of prescriptions for employees received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Infusions Supported**

The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.
Number of Clinics Pharmacy Department Provides Services

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks).

Number of Clinics with Dedicated Pharmacist

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks) with a dedicated Pharmacist.

Retail Prescriptions Processed

The total number of retail prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Specialty Rx Prescriptions Processed

Enter the total number of specialty prescriptions received and processed by the department during the reporting period. Specialty prescriptions are medications that are generally high cost and require prior authorization (i.e. approval) prior to dispensing to patients. They are have additional restrictions (generally by insurance companies) as to which pharmacies can dispense them.

This is a subset of Retail Prescriptions Processed.

Weighted Compounded Prescriptions

Enter the total number of weighted compounded prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted DME Sales

Total weighted number of durable medical equipment devices sold (e.g. glucose monitoring devices, handicap equipment) and total number of boxes of non durable supplies (e.g. such as syringes, gauze, etc.). Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted Mail Order Prescriptions

Total weighted new and refill mail order prescriptions that are mailed to patients. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.
Pharmacy Services

Weighted Prescriptions
Total number of weighted prescriptions processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Weighted Specialty Prescriptions
Enter the total number of weighted specialty prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Pharmacy Services: Retail/Prescription Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Buyer**

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Resident**

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Pharmacy Services: Retail/Prescription Revenue Elements**

**Total Retail Revenue**

Total retail revenue received from all sales including but not limited to revenue related to sundries. Include revenue from both retail and take-home prescriptions.
Pharmacy Services: Retail/Prescription Expense Elements

**Albumin and Plasma Protein Fraction Expense**
Total drug expense for all strengths and sizes of albumin and plasma protein fraction.

This is a subset of Drug Expense.

**Anti-Infective Drug Expense**
Total drug expense for all anti-infective drugs.

This is a subset of Drug Expense.

**Anticoagulant and Thrombolytic Drug Expense**
Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.

This is a subset of Drug Expense.

**Blood And Immune System Modifiers Expense**
Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepotin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).

This is a subset of Drug Expense.

**Botulinum Toxin Expense**
Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.

This is a subset of Drug Expense.

**Contrast Media Expense**
Total drug expense for all strengths, sizes and brands of radiology contrast media.

This is a subset of Drug Expense.
**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Enzyme Deficiency Replacement Drug Expense**

Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.

This is a subset of Drug Expense.

**Hemophilia Factor Expense**

Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.

This is a subset of Drug Expense.

**Infliximab Drug Expense**

Total drug expense for Infliximab.

This is a subset of Drug Expense.

**IV Immune Globulin Expense**

Total drug expense for all brands of IV immune globulin (IVIG).

This is a subset of Drug Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Macular Degeneration Drug Expense**

Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.
Medical Supply Expense
Report the expense for the period for stocked and non-stocked patient medical supplies. Include all non-capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

Oncology Drug Expense
Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Transplant Drug Expense
Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.
**Vaccines and Toxoids Expense**

Total drug expense for all vaccines and toxoids. 

This is a subset of Drug Expense.

**Volatile Anesthetic Gases Expense**

Total drug expense for all strengths, sizes and brands of volatile anesthetic gases. 

This is a subset of Drug Expense.

**Pharmacy Services: Retail/Prescription Mandatory Elements**

The following data elements are mandatory for this department:

- Days of Operation per Week
- Drug Expense
- Hours of Operation per Week
- Labor Expense
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Retail Prescriptions Processed
- Total Retail Revenue
- Worked Hours: Pharmacy Resident
- Worked Hours: Staff

**Pharmacy Services: Retail/Prescription Normalizations**

Include the hours, costs and volumes (where applicable) associated with the
• Billing for mail order prescriptions

• Cost of all take-home prescriptions and over the counter drugs for patients and employees

• Personnel performing the functions of the department’s day to day managerial operations (Pharmacy)

Exclude the hours costs and volumes (where applicable) associated with the

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Pharmacy Services)

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs

• Cost of hemophilia factors

• Contrast Media Expense

• Marketing/Sales staff whose primary objective is to solicit new pharmacy business (do not process scripts)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Pharmacy)

• Pharmaceutical research programs, e.g., investigational drug studies

• Pharmacy Informatics (focusing on medication-related data and knowledge in the delivery of optimal medication-related patient care and health outcomes; including its acquisition, storage, analysis, use and dissemination)

• Pharmacy Residency Program administration and support

• Purchasing, Receiving, Warehousing and Inventory Control (Pharmacy)

• Repair and Maintenance of Clinical Equipment/Rooms

• Support activities performed by department staff for quality improvement, regulatory compliance, and drug policy related activities

• Support department activities for Information Systems, Electronic Health Record, automated distribution systems, etc.
04430, Pharmacy Services: Inpatient Only

This department controls, mixes, compounds, and distributes pharmaceuticals, and provides pharmaceutical consultation in support of patients classified as inpatients only. Include Pharmacy residents only if they are independently filling a shift and providing clinical and/or distributed services captured and reflected in the workload units.

Pharmacy Services: Inpatient Only Mapping Guidelines

If you have an actual distinct cost center or cost centers for inpatient pharmacy services, including staff time and materials expense devoted to inpatients, map to this department. If you have an actual cost center that includes a combination of inpatient and outpatient pharmacy services, it is more appropriate to map to the 04410, Pharmacy Services department.

It is acceptable to create a normalized only the 04430, Pharmacy Inpatient Services department to separate staff time and materials expense devoted to inpatients if your actual cost center is mapped to the 04410, Pharmacy Services department. The creation of this normalized only department is optional. If your staff time and materials expense devoted to inpatients is completely included as a component of the G4400, Pharmacy Other Services department, creation of normalized only the 04430, Pharmacy Inpatient Services department is encouraged.

Pharmacy Services: Inpatient Only Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Clinical Service Workload Units

The total calculated time spent by department staff performing clinical services during the reporting period. Clinical services includes but is not limited to: consultations, pharmacist interventions, encounters with patients to assess and adjust drug therapy, drug utilization reviews, and adverse drug reaction reporting. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet found on the Support Page for a complete list of clinical workload activities.
Compounded Doses Dispensed

Total doses of medication compounded and dispensed to patients by the department for the reporting period.

This is a component of Doses Dispensed.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Doses Dispensed

The total doses of medication dispensed to patients (via all routes of administration) by the department during the reporting period. Include automated point of care drug dispensing system (e.g. Pyxis, Omnicell) refills and all other doses dispensed by the department to patient areas.

Doses Dispensed: Complex IV

Total doses of medication produced and dispensed to patients via complex IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Oral

Total doses of medication produced and dispensed to patients via oral administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Simple IV

Total doses of medication produced and dispensed to patients via simple IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: TPN

Total doses of medication produced and dispensed to patients via TPN administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.
**Hours Devoted to Teaching**

The total hours devoted by the department to teaching residents and students, including but not limited to bench/on-the-job teaching and/or preceptoring for the reporting period. Enter 0 if there is no teaching program supported by the department.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Infusions Supported**

The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.

**Investigational Drug Studies In Progress**

Enter the total number of investigational drug studies in progress during the reporting period.

**Orders Processed**

The total new, revised and/or modified orders processed by the department during the reporting period. Include discontinued orders and re-dispenses.

**Pharmacy Intensity Score: Inpatient**

The Pharmacy Intensity Score: Inpatient is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Pharmacy Intensity Score. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97). Please refer to the Intensity Score Workbook_Supply and Pharmacy worksheet available on the Support tab for assistance reporting this value.

**Pharmacy Residents Supported**

Total number of individual Pharmacy Residents supported by the department during the reporting period.

**Medication Reconciliation Service Units**

Total calculated time spent by department staff performing medication reconciliation during the reporting period. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet on the Support Page for details on how to calculate the service units.
Pharmacy Services: Inpatient Only Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacist

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.
Worked Hours: Pharmacy Buyer
Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.
This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Resident
Total pharmacy resident hours used by the department.
This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Technician
Total hours worked by pharmacy technicians.
This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Pharmacy Services: Inpatient Only Operational Metrics

Pharmacy Intensity Score
The Pharmacy Intensity Score calculated for your facility on the Intensity Score workbook_Supply and Pharmacy. The worksheet can be found on the Support tab of ActionOI.

Pharmacy Services: Inpatient Only Revenue Elements

Inpatient Gross Charges
Report the facility wide total pharmacy gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees and charges for discharge prescriptions.

Pharmacy Services: Inpatient Only Expense Elements

Albumin and Plasma Protein Fraction Expense
Total drug expense for all strengths and sizes of albumin and plasma protein fraction.
This is a subset of Drug Expense.
Anti-Infective Drug Expense
Total drug expense for all anti-infective drugs.

This is a subset of Drug Expense.

Anticoagulant and Thrombolytic Drug Expense
Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.

This is a subset of Drug Expense.

Blood and Immune System Modifiers Expense
Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepoitin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).

This is a subset of Drug Expense.

Botulinum Toxin Expense
Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.

This is a subset of Drug Expense.

Contrast Media Expense
Total drug expense for all strengths, sizes and brands of radiology contrast media.

This is a subset of Drug Expense.

Drug Expense
Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

Enzyme Deficiency Replacement Drug Expense
Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.
This is a subset of Drug Expense.

**Hemophilia Factor Expense**

Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.

This is a subset of Drug Expense.

**Infliximab Drug Expense**

Total drug expense for Infliximab.

This is a subset of Drug Expense.

**IV Immune Globulin Expense**

Total drug expense for all brands of IV immune globulin (IVIG).

This is a subset of Drug Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Macular Degeneration Drug Expense**

Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
**Oncology Drug Expense**

Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Transplant Drug Expense**

Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.

**Vaccines and Toxoids Expense**

Total drug expense for all vaccines and toxoids.

This is a subset of Drug Expense.

**Volatile Anesthetic Gases Expense**

Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.
Pharmacy Services: Inpatient Only Mandatory Elements

The following data elements are mandatory for this department:

- Clinical Service Workload Units
- Days of Operation per Week
- Drug Expense
- Hours of Operation per Week
- Inpatient Gross Charges
- Labor Expense
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Pharmacy Intensity Score
- Pharmacy Intensity Score: Inpatient
- Worked Hours: Pharmacy Resident
- Worked Hours: Staff

Pharmacy Services: Inpatient Only Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products
- Cost of all medications, including IV solutions administered to inpatients. Do not include take home prescriptions and OTC drugs, radiology contrast media, volatile anesthetic gases, and hemophilia factors.
- Personnel performing the functions of the department’s day to day managerial operations (Pharmacy)
Exclude the hours costs and volumes (where applicable) associated with the

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Pharmacy Services)

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs

- Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)

- Contrast Media Expense

- Cost of all take-home prescriptions and over the counter drugs for patients and employees

- Marketing/Sales staff whose primary objective is to solicit new pharmacy business (do not process scripts)

- Cost of hemophilia factors

- Nuclear pharmacy services staff and drug expenses

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Pharmacy)

- Pharmaceutical research programs, e.g., investigational drug studies

- Pharmacy Informatics (focusing on medication-related data and knowledge in the delivery of optimal medication-related patient care and health outcomes; including its acquisition, storage, analysis, use and dissemination)

- Pharmacy Residency Program administration and support

- Purchasing, Receiving, Warehousing and Inventory Control (Pharmacy)

- Repair and Maintenance of Clinical Equipment/Rooms

- Support activities performed by department staff for quality improvement, regulatory compliance, and drug policy related activities

- Support department activities for Information Systems, Electronic Health Record, automated distribution systems, etc.
04440, Pharmacy Services: Outpatient Only

This department provides drug distribution and pharmaceutical services to ambulatory patients and clinics including Ambulatory Dialysis, Ambulatory Surgery or Outpatient Operating Room, Catheterization Laboratory, Emergency Department, Infusion Therapy, Infusion Oncology, and all other ambulatory clinics. Include Pharmacy residents only if they are independently filling a shift and providing clinical and/or distributed services captured and reflected in the workload units. Inpatient Operating Rooms and Prescription-based Retail entities are excluded.

Pharmacy Services: Outpatient Only Mapping Guidelines

If you have an actual distinct cost center or cost centers for ambulatory/clinic pharmacy services, including staff time and materials expense devoted to ambulatory patients, map to this department. If you have an actual cost center that includes a combination of inpatient and outpatient pharmacy services, it is more appropriate to map to the 04410, Pharmacy Services department.

It is acceptable to create a normalized only the 04440, Pharmacy Ambulatory/Clinic Services department to separate staff time and materials expense devoted to ambulatory/clinic patients if your actual cost center is mapped to the 04410, Pharmacy Services department. The creation of this normalized only department is optional. If your staff time and materials expense devoted to ambulatory/clinic patients is completely included as a component of the G4400, Pharmacy Other Services department, creation of normalized only the 04440, Pharmacy Ambulatory/Clinic Services department is encouraged.

Pharmacy Services: Outpatient Only Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Ambulatory Patient Visits Seen by Pharmacist

Total ambulatory patient visits for which medication services were provided in the reporting period. Visits supported include ambulatory patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

This is a subset of Ambulatory Patient Visits Supported.
Ambulatory Patient Visits Supported

Total ambulatory patient visits for which medication services were provided by department staff during the reporting period. Visits supported include ambulatory/outpatient patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

Clinical Service Workload Units

The total calculated time spent by department staff performing clinical services during the reporting period. Clinical services includes but is not limited to: consultations, pharmacist interventions, encounters with patients to assess and adjust drug therapy, drug utilization reviews, and adverse drug reaction reporting. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet found on the Support Page for a complete list of clinical workload activities.

Compounded Doses Dispensed

Total doses of medication compounded and dispensed to patients by the department for the reporting period.

This is a component of Doses Dispensed.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Doses Dispensed

The total doses of medication dispensed to patients (via all routes of administration) by the department during the reporting period. Include automated point of care drug dispensing system (e.g. Pyxis, Omnicell) refills and all other doses dispensed by the department to patient areas.

Doses Dispensed: Complex IV

Total doses of medication produced and dispensed to patients via complex IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Oral

Total doses of medication produced and dispensed to patients via oral administration. Doses may be ready-made or compounded.
This is a subset of Doses Dispensed.

**Doses Dispensed: Simple IV**

Total doses of medication produced and dispensed to patients via simple IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

**Doses Dispensed: TPN**

Total doses of medication produced and dispensed to patients via TPN administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

**Hours Devoted To Teaching**

The total hours devoted by the department to teaching residents and students, including but not limited to bench/on-the-job teaching and/or preceptoring for the reporting period. Enter 0 if there is no teaching program supported by the department.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Infusions Supported**

The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.

**Investigational Drug Studies In Progress**

Enter the total number of investigational drug studies in progress during the reporting period.

**Medication Reconciliation Service Units**

Total calculated time spent by department staff performing medication reconciliation during the reporting period. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet on the Support Page for details on how to calculate the service units.

This is a subset of Clinical Service Workload Units.
Number of Clinics Pharmacy Department Provides Services

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks).

Number of Clinics with Dedicated Pharmacist

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks) with a dedicated Pharmacist.

Orders Processed

The total new, revised and/or modified orders processed by the department during the reporting period. Include discontinued orders and re-dispenses.

Pharmacy Residents Supported

Total number of individual Pharmacy Residents supported by the department during the reporting period.

Pharmacy Services: Outpatient Only Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacist

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Buyer

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Resident

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Pharmacy Technician

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Pharmacy Services: Outpatient Only Revenue Elements
Outpatient Gross Charges

Report the facility wide total pharmacy gross charges for services provided to ambulatory areas including but not limited to ambulatory/outpatient clinics, infusion therapy, infusion oncology, ambulatory dialysis, ambulatory surgery, ambulatory procedural areas (e.g. Operating Rooms, Emergency Department, etc) for the reporting period. Report charges as the actual dollar amount. Exclude charges for take-home and retail prescriptions.

Pharmacy Services: Outpatient Only Expense Elements

Albumin and Plasma Protein Fraction Expense

Total drug expense for all strengths and sizes of albumin and plasma protein fraction.

This is a subset of Drug Expense.

Anti-Infective Drug Expense

Total drug expense for all anti-infective drugs.

This is a subset of Drug Expense.

Anticoagulant and Thrombolytic Drug Expense

Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.

This is a subset of Drug Expense.

Blood and Immune System Modifiers Expense

Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepoitin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).

This is a subset of Drug Expense.

Botulinum Toxin Expense

Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.

This is a subset of Drug Expense.
**Contrast Media Expense**

Total drug expense for all strengths, sizes and brands of radiology contrast media.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Enzyme Deficiency Replacement Drug Expense**

Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.

This is a subset of Drug Expense.

**Hemophilia Factor Expense**

Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.

This is a subset of Drug Expense.

**Infliximab Drug Expense**

Total drug expense for Infliximab.

This is a subset of Drug Expense.

**IV Immune Globulin Expense**

Total drug expense for all brands of IV immune globulin (IVIG).

This is a subset of Drug Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Macular Degeneration Drug Expense

Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

Oncology Drug Expense

Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.
Transplant Drug Expense

Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.

Vaccines and Toxoids Expense

Total drug expense for all vaccines and toxoids.

This is a subset of Drug Expense.

Volatile Anesthetic Gases Expense

Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.

Pharmacy Services: Outpatient Only Mandatory Elements

The following data elements are mandatory for this department:

- Clinical Service Workload Units
- Days of Operation per Week
- Drug Expense
- Hours of Operation per Week
- Labor Expense
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Outpatient Gross Charges
- Paid Hours: Contract Labor
- Paid Hours: Staff
• Pharmacy Intensity Score: Outpatient

• Worked Hours: Pharmacy Resident

• Worked Hours: Staff

Pharmacy Services: Outpatient Only Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products

• Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Personnel performing the functions of the department’s day to day managerial operations (Pharmacy)

Exclude the hours costs and volumes (where applicable) associated with the

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Pharmacy Services)

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs

• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)

• Contrast Media Expense

• Cost of all take-home prescriptions and over the counter drugs for patients and employees

• Cost of hemophilia factors

• Marketing/Sales staff whose primary objective is to solicit new pharmacy business (do not process scripts)

• Nuclear pharmacy services staff and drug expenses

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Pharmacy)

• Pharmacy Informatics (focusing on medication-related data and knowledge in the delivery of optimal medication-related patient care and health outcomes; including its acquisition, storage, analysis, use and dissemination)

• Pharmaceutical research programs, e.g., investigational drug studies
Pharmacy Services: Administration and Support

This department performs the overall administrative and general support tasks for the entire Pharmacy Services series. These tasks and functions include, but are not limited to, management of inpatient, outpatient and retail/prescription services departments, inclusive of secretarial and clerical staff, inventory control staff, billing staff, residency programs, drug policy, drug information, investigational drugs, pharmacy research programs, precepting activities for students, and the associated management of these support activities.

Pharmacy Services: Administration and Support Mapping Guidelines

Separate and distinct actual costs centers for or that include staff time and materials expense devoted to residents, pharmacy informatics, drug policy, drug information, investigational drugs, pharmacy research programs, precepting activities for students, office secretarial staff, billing staff, and the associated management of these functions should be mapped to this department.

Pharmacy Services: Administration and Support Workload Volumes

340(B) Qualified Rx Processed Supported

Enter the total number of 340(B) qualified prescriptions received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

Adjusted Discharges Supported

The total months of training provided to students by the department during the reporting period. For example, if 3 students received 6 weeks (1 1/2 months) of training each during the reporting period, enter 4.5. If 3 students received 3 months of training.
Ambulatory Patient Visits Supported

Total ambulatory patient visits for which medication services were provided by department staff during the reporting period. Visits supported include ambulatory/outpatient patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

Clinical Service Workload Units Supported

The total calculated supported time spent by department staff performing clinical services during the reporting period. Clinical services includes but is not limited to: consultations, pharmacist interventions, encounters with patients to assess and adjust drug therapy, drug utilization reviews, and adverse drug reaction reporting. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet found on the Support Page for a complete list of clinical workload activities.

Divisional Employees Supported

Total number of individual employees reporting through Pharmacy Services division supported by the department during the reporting period.

Doses Dispensed Supported

The total supported doses of medication dispensed to patients (via all routes of administration) by the department during the reporting period. Include automated point of care drug dispensing system (e.g. Pyxis, Omnicell) refills and all other doses dispensed by the department to patient areas.

Hours Devoted To Teaching

The total hours devoted by the department to teaching residents and students, including but not limited to bench/on-the-job teaching and/or preceptoring for the reporting period. Enter 0 if there is no teaching program supported by the department.

Investigational Drug Studies In Progress

Enter the total number of investigational drug studies in progress during the reporting period.

Medication Reconciliation Service Units Supported

Total hours supported, rounded to the nearest 15 minute increment, spent by department staff performing medication reconciliation during the reporting period. Use decimals to report fractions of an hour (e.g. 1.25 hours for 1 hour 15 minutes). Refer to the Pharmacy Workload Worksheet on the Support Page for details on how to calculate the service units.

This is a subset of Clinical Service Workload Units.
Orders Processed Supported
The total new, revised and/or modified orders processed supported by the department during the reporting period. Include discontinued orders and re-dispenses.

Pharmacy Residents Supported
Total number of individual Pharmacy Residents supported by the department during the reporting period.

Retail Prescriptions Processed Supported
The total number of retail prescriptions received and processed by the departments supported during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Student Training Months Provided
The total months of training provided to students by the department during the reporting period. For example, if 3 students received 6 weeks (1 1/2 months) of training each during the reporting period, enter 4.5. If 3 students received 3 months of training each, enter 9. Enter 0 if there is no teaching program provided by the department.

Pharmacy Services: Administration and Support Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Buyer**

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Resident**

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Pharmacy Services: Administration and Support Expense Elements

Contrast Media Expense
Total drug expense for all strengths, sizes and brands of radiology contrast media.
This is a subset of Drug Expense.

Drug Expense
Total expense for pharmaceuticals expensed to this department.
This is a subset of Medical Supply Expense.

Hemophilia Factor Expense
Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.
This is a subset of Drug Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Volatile Anesthetic Gases Expense

Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.

Pharmacy Services: Administration and Support Mandatory Elements

The following data elements are mandatory for this department:

- Clinical Service Workload Units Supported
- Drug Expense
- Hours Devoted To Teaching
- Labor Expense
- Medical Supply Expense
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Retail Prescriptions Processed Supported
- Worked Hours: Pharmacy Resident
• Worked Hours: Staff

**Pharmacy Services: Administration and Support Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Pharmacy Services)

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Pharmacy Services)

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Revenue Cycle Management)

• Marketing/Sales staff whose primary objective is to solicit new pharmacy business (do not process scripts)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Pharmacy)

• Pharmaceutical research programs, e.g., investigational drug studies

• Pharmacy Residency Program administration and support

• Purchasing, Receiving, Warehousing and Inventory Control (Pharmacy)

• Support activities performed by department staff for quality improvement, regulatory compliance, and drug policy related activities

• Support department activities for Information Systems, Electronic Health Record, automated distribution systems, etc.

Exclude the hours costs and volumes (where applicable) associated with the

• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products

• Personnel performing the functions of the department's day to day managerial operations (Pharmacy)

• Pharmacy Informatics (focusing on medication-related data and knowledge in the delivery of optimal medication-related patient care and health outcomes; including its acquisition, storage, analysis, use and dissemination)
G4400, Pharmacy Other Services

This generic department includes all cost centers belonging to pharmacy services that cannot be mapped to individual pharmacy services departments.

Pharmacy Other Services Mapping Guidelines

Separate actual costs centers for or that include staff time and materials expense devoted to residents, pharmacy informatics, drug policy, drug information, poison control, investigational drugs and pharmacy research programs, precepting activities for students, office secretarial staff, billing staff, and the associated management of these functions should be mapped to this department.

Pharmacy Other Services Workload Volumes

340(B) Qualified Rx Processed

Enter the total number of 340(B) qualified prescriptions received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Ambulatory Patient Visits Seen by Pharmacist

Total ambulatory patient visits for which medication services were provided in the reporting period. Visits supported include ambulatory patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

This is a subset of Ambulatory Patient Visits Supported.
Ambulatory Patient Visits Supported

Total ambulatory patient visits for which medication services were provided by department staff during the reporting period. Visits supported include ambulatory/outpatient patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

Clinical Service Workload Units

The total calculated time spent by department staff performing clinical services during the reporting period. Clinical services includes but is not limited to: consultations, pharmacist interventions, encounters with patients to assess and adjust drug therapy, drug utilization reviews, and adverse drug reaction reporting. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet found on the Support Page for a complete list of clinical workload activities.

Compounded Doses Dispensed

Total doses of medication compounded and dispensed to patients by the department for the reporting period.

This is a component of Doses Dispensed.

Doses Dispensed

The total doses of medication dispensed to patients (via all routes of administration) by the department during the reporting period. Include automated point of care drug dispensing system (e.g. Pyxis, Omnicell) refills and all other doses dispensed by the department to patient areas.

Doses Dispensed: Complex IV

Total doses of medication produced and dispensed to patients via complex IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Oral

Total doses of medication produced and dispensed to patients via oral administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.
Doses Dispensed: Simple IV
Total doses of medication produced and dispensed to patients via simple IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: TPN
Total doses of medication produced and dispensed to patients via TPN administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Employee Rx Processed
Enter the total number of prescriptions for employees received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

Hours Devoted to Teaching
The total hours devoted by the department to teaching residents and students, including but not limited to bench/on-the-job teaching and/or preceptoring for the reporting period. Enter 0 if there is no teaching program supported by the department.

Infusions Supported
The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.

Investigational Drug Studies In Progress
Enter the total number of investigational drug studies in progress during the reporting period.

Medication Reconciliation Service Units
Total calculated time spent by department staff performing medication reconciliation during the reporting period. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet on the Support Page for details on how to calculate the service units.

This is a subset of Clinical Service Workload Units.
Orders Processed

The total new, revised and/or modified orders processed by the department during the reporting period. Include discontinued orders and re-dispenses.

Pharmacy Intensity Score: Inpatient

The Pharmacy Intensity Score: Inpatient is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Pharmacy Intensity Score. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97). Please refer to the Intensity Score Workbook_Supply and Pharmacy worksheet available on the Support tab for assistance reporting this value.

Pharmacy Residents Supported

Total number of individual Pharmacy Residents supported by the department during the reporting period.

Prescriptions Sold

Enter the total number of prescriptions sold by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Retail Prescriptions Processed

The total number of retail prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Specialty Rx Prescriptions Processed

Enter the total number of specialty prescriptions received and processed by the department during the reporting period. Specialty prescriptions are medications that are generally high cost and require prior authorization (i.e. approval) prior to dispensing to patients. They are have additional restrictions (generally by insurance companies) as to which pharmacies can dispense them.

This is a subset of Retail Prescriptions Processed.

Weighted Compounded Prescriptions

Enter the total number of weighted compounded prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.
Weighted DME Sales
Total weighted number of durable medical equipment devices sold (e.g. glucose monitoring devices, handicap equipment) and total number of boxes of non durable supplies (e.g. such as syringes, gauze, etc.). Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted Mail Order Prescriptions
Total weighted new and refill mail order prescriptions that are mailed to patients. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted Prescriptions
Total number of weighted prescriptions processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Weighted Specialty Prescriptions
Enter the total number of weighted specialty prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Pharmacy Other Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Buyer**

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Resident**

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Pharmacy Other Services Operational Metrics

Pharmacy Intensity Score
The Pharmacy Intensity Score calculated for your facility on the Intensity Score workbook_Supply and Pharmacy. The worksheet can be found on the Support tab of ActionOI.

Pharmacy Other Services Revenue Elements

Inpatient Gross Charges
Report the facility wide total pharmacy gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees and charges for discharge prescriptions.

Outpatient Gross Charges
Report the facility wide total pharmacy gross charges for services provided to ambulatory areas including but not limited to ambulatory/outpatient clinics, infusion therapy, infusion oncology, ambulatory dialysis, ambulatory surgery, ambulatory procedural areas (e.g. Operating Rooms, Emergency Department, etc) for the reporting period. Report charges as the actual dollar amount. Exclude charges for take-home and retail prescriptions.

Total Retail Revenue
Total retail revenue received from all sales including but not limited to revenue related to sundries.

Pharmacy Other Services Expense Elements

Albumin and Plasma Protein Fraction Expense
Total drug expense for all strengths and sizes of albumin and plasma protein fraction.

This is a subset of Drug Expense.

Anti-Infective Drug Expense
Total drug expense for all anti-infective drugs.

This is a subset of Drug Expense.
Anticoagulant and Thrombolytic Drug Expense

Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.

This is a subset of Drug Expense.

Blood and Immune System Modifiers Expense

Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepoetin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).

This is a subset of Drug Expense.

Botulinum Toxin Expense

Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.

This is a subset of Drug Expense.

Contrast Media Expense

Total drug expense for all strengths, sizes and brands of radiology contrast media.

This is a subset of Drug Expense.

Drug Expense

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

Enzyme Deficiency Replacement Drug Expense

Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.

This is a subset of Drug Expense.

Hemophilia Factor Expense

Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.
This is a subset of Drug Expense.

**Infliximab Drug Expense**

Total drug expense for Infliximab.

This is a subset of Drug Expense.

**IV Immune Globulin Expense**

Total drug expense for all brands of IV immune globulin (IVIG).

This is a subset of Drug Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Macular Degeneration Drug Expense**

Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

**Oncology Drug Expense**

Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.
Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Transplant Drug Expense
Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.

Vaccines and Toxoids Expense
Total drug expense for all vaccines and toxoids.

This is a subset of Drug Expense.

Volatile Anesthetic Gases Expense
Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.

Pharmacy Other Services Mandatory Elements
The following data elements are mandatory for this department:
• Clinical Service Workload Units
• Drug Expense
• Days of Operation per Week
• Inpatient Gross Charges
• Labor Expense
• Medical Supply Expense
• Non Medical Supply Expense
• Other Direct Operating Expense
• Outpatient Gross Charges
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Pharmacy Intensity Score
• Pharmacy Intensity Score: Outpatient
• Pharmacy Intensity Score: Inpatient
• Retail Prescriptions Processed
• Total Retail Revenue
• Worked Hours: Pharmacy Resident
• Worked Hours: Staff

**Pharmacy Other Services Normalizations**

Include the hours costs and volumes (where applicable) associated with the

• Albumin, plasma protein fraction, Rh Immune Globulin, Anti Thrombin, Varicella Zoster Immune Globulin, and other specialty plasma products
• Billing for mail order prescriptions
• Cost of all take-home prescriptions and over the counter drugs for patients and employees
• Cost of hemophilia factors

• Personnel performing the functions of the department’s day to day managerial operations (Pharmacy)

Exclude the hours costs and volumes (where applicable) associated with the

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Pharmacy Services)

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs

• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)

• Contrast Media Expense

• Marketing/Sales staff whose primary objective is to solicit new pharmacy business (do not process scripts)

• Nuclear pharmacy services staff and drug expenses

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Pharmacy)

• Pharmaceutical research programs, e.g., investigational drug studies

• Pharmacy Residency Program administration and support

• Purchasing, Receiving, Warehousing and Inventory Control (Pharmacy)

• Repair and Maintenance of Clinical Equipment/Rooms

• Support activities performed by department staff for quality improvement, regulatory compliance, and drug policy related activities

• Support department activities for Information Systems, Electronic Health Record, automated distribution systems, etc.
I4400, Pharmacy Patient Services Rollup

This department is a roll up of all instances of the 04430 Pharmacy Services: Inpatient Only and 04440 Pharmacy Services: Outpatient Only, and instances of the 04410 Pharmacy Services: Inpatient & Outpatient profiles, in order to provide appropriate sample sizes for comparative analysis based on defined compare groups. It includes all drug distribution and pharmaceutical services provided to both inpatients and outpatients. This intermediate rollup does not include instances of the 04411, Pharmacy Services: Retail/Prescription department.

Pharmacy Patient Services Rollup Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Ambulatory Patient Visits Seen by Pharmacist

Total ambulatory patient visits for which medication services were provided in the reporting period. Visits supported include ambulatory patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

This is a subset of Ambulatory Patient Visits Supported.

Ambulatory Patient Visits Supported

Total ambulatory patient visits for which medication services were provided by department staff during the reporting period. Visits supported include ambulatory/outpatient patients seen in the Emergency Department, Ambulatory Clinics, Ambulatory Surgery, Invasive Cardiology, Electrophysiology, Radiation Therapy, Infusion Therapy, Endoscopy, and other related departments being supported.

Clinical Service Workload Units

The total calculated time spent by department staff performing clinical services during the reporting period. Clinical services includes but is not limited to: consultations, pharmacist interventions, encounters with patients to assess and adjust drug therapy, drug utilization reviews, and adverse drug reaction reporting. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet found on the Support Page for a complete list of clinical workload activities.
Compounded Doses Dispensed

Total doses of medication compounded and dispensed to patients by the department for the reporting period.

This is a component of Doses Dispensed.

Days of Operation per Week

Total number of days the department is open for operation during the week.

Doses Dispensed

The total doses of medication dispensed to patients (via all routes of administration) by the department during the reporting period. Include automated point of care drug dispensing system (e.g. Pyxis, Omnicell) refills and all other doses dispensed by the department to patient areas.

Doses Dispensed: Complex IV

Total doses of medication produced and dispensed to patients via complex IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Oral

Total doses of medication produced and dispensed to patients via oral administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: Simple IV

Total doses of medication produced and dispensed to patients via simple IV administration. Doses may be ready-made or compounded.

This is a subset of Doses Dispensed.

Doses Dispensed: TPN

Total doses of medication produced and dispensed to patients via TPN administration. Doses may be ready-made or compounded.
This is a subset of Doses Dispensed.

**Hours Devoted to Teaching**

The total hours devoted by the department to teaching residents and students, including but not limited to bench/on-the-job teaching and/or preceptoring for the reporting period. Enter 0 if there is no teaching program supported by the department.

**Hours of Operation per Week**

Total number of hours the department is open for operation during the week.

**Infusions Supported**

The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.

**Investigational Drug Studies In Progress**

Enter the total number of investigational drug studies in progress during the reporting period.

**Medication Reconciliation Service Units**

Total calculated time spent by department staff performing medication reconciliation during the reporting period. Report activity in hours; use decimals to report a fraction of an hour (e.g. enter 1.25 = 1 hour, 15 minutes). Refer to the Pharmacy Workload Worksheet on the Support Page for details on how to calculate the service units.

This is a subset of Clinical Service Workload Units.

**Number of Clinics Pharmacy Department Provides Services**

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks).

**Number of Clinics with Dedicated Pharmacist**

Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks) with a dedicated Pharmacist.
**Orders Processed**

The total new, revised and/or modified orders processed by the department during the reporting period. Include discontinued orders and re-dispenses.

**Pharmacy Intensity Score: Inpatient**

The Pharmacy Intensity Score: Inpatient is based on the number of discharges by MS-DRG multiplied by the intensity weight for each MS-DRG. The MS-DRG specific intensity weights were developed using discharge level data from over 1,000 hospitals and are used to calculate the overall supply intensity score for your organization. Sufficient discharge data is not available for newer MS-DRGs, however the average intensity weight of all weighted MS-DRGs will be used for all active, non-weighted MS-DRGs until specific weights can be calculated. If your organization does not capture discharges by MS-DRG, do not report a value for the Pharmacy Intensity Score. When entering a value that is less than 1.0, enter the leading zero before the decimal (ex: 0.97). Please refer to the Intensity Score Workbook_Supply and Pharmacy worksheet available on the Support tab for assistance reporting this value.

**Pharmacy Residents Supported**

Total number of individual Pharmacy Residents supported by the department during the reporting period.

**Pharmacy Patient Services Rollup Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Buyer**

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Resident**

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Pharmacy Patient Services Rollup Operational Metrics**

**Pharmacy Intensity Score**

The Pharmacy Intensity Score calculated for your facility on the Intensity Score workbook_Supply and Pharmacy. The worksheet can be found on the Support tab of ActionOI.
Pharmacy Patient Services Rollup Revenue Elements

**Inpatient Gross Charges**

Report the facility wide total pharmacy gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees and charges for discharge prescriptions.

**Outpatient Gross Charges**

Report the facility wide total pharmacy gross charges for services provided to ambulatory areas including but not limited to ambulatory/outpatient clinics, infusion therapy, infusion oncology, ambulatory dialysis, ambulatory surgery, ambulatory procedural areas (e.g. Operating Rooms, Emergency Department, etc) for the reporting period. Report charges as the actual dollar amount. Exclude charges for take-home and retail prescriptions.

Pharmacy Patient Services Rollup Expense Elements

**Albumin and Plasma Protein Fraction Expense**

Total drug expense for all strengths and sizes of albumin and plasma protein fraction.

This is a subset of Drug Expense.

**Anti-Infective Drug Expense**

Total drug expense for all anti-infective drugs.

This is a subset of Drug Expense.

**Anticoagulant and Thrombolytic Drug Expense**

Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.

This is a subset of Drug Expense.

**Blood and Immune System Modifiers Expense**

Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepotin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).

This is a subset of Drug Expense.
**Botulinum Toxin Expense**
Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.

This is a subset of Drug Expense.

**Contrast Media Expense**
Total drug expense for all strengths, sizes and brands of radiology contrast media.

This is a subset of Drug Expense.

**Drug Expense**
Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Enzyme Deficiency Replacement Drug Expense**
Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.

This is a subset of Drug Expense.

**Hemophilia Factor Expense**
Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.

This is a subset of Drug Expense.

**Infliximab Drug Expense**
Total drug expense for Infliximab.

This is a subset of Drug Expense.

**IV Immune Globulin Expense**
Total drug expense for all brands of IV immune globulin (IVIG).

This is a subset of Drug Expense.
Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Macular Degeneration Drug Expense
Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.

Medical Supply Expense
Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

Oncology Drug Expense
Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Transplant Drug Expense

Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.

Vaccines and Toxoids Expense

Total drug expense for all vaccines and toxoids.

This is a subset of Drug Expense.

Volatile Anesthetic Gases Expense

Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.

Pharmacy Patient Services Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Clinical Service Workload Units
- Drug Expense
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Gross Charges
- Labor Expense
- Medical Supply Expense
• Non Medical Supply Expense
• Other Direct Operating Expense
• Outpatient Gross Charges
• Paid Hours: Contract Labor
• Pharmacy Intensity Score: Outpatient
• Pharmacy Intensity Score: Inpatient
• Paid Hours: Staff
• Pharmacy Intensity Score
• Worked Hours: Pharmacy Resident
• Worked Hours: Staff

**I4411, Pharmacy Retail/Prescription Services Rollup**

This department is a roll up of all instances of the 04411, Pharmacy Services: Retail/Prescription profiles in order to provide a summary of retail-based pharmacy services provided by the organization. This intermediate rollup does not include cost centers mapped to the 04410, 04430 or 04440 profiles within the Pharmacy Services series.

**Pharmacy Retail/Prescription Services Rollup Workload Volumes**

**340(B) Qualified Rx Processed**

Enter the total number of 340(B) qualified prescriptions received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review the Guiding Principles section in the DRM for more information.
Days of Operation per Week
Total number of days the department is open for operation during the week.

Employee Rx Processed
Enter the total number of prescriptions for employees received and processed by the department during the reporting period.

This is a subset of Retail Prescriptions Processed.

Hours of Operation per Week
Total number of hours the department is open for operation during the week.

Infusions Supported
The total number of Infusion Therapy infusions supported by this department during the reporting period. This includes infusions by all routes of administration as long as the department provided support for the infusion. This may include infusions performed in an Infusion Therapy department, Cancer Center, and Home Care Infusion.

Number of Clinics Pharmacy Department Provides Services
Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks).

Number of Clinics with Dedicated Pharmacist
Total number of clinics/ambulatory centers to which this department provides services, including but not limited to: drug distribution, charge capture, and inventory control (i.e. outdate checks) with a dedicated Pharmacist.

Retail Prescriptions Processed
The total number of retail prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Specialty Rx Prescriptions Processed
Enter the total number of specialty prescriptions received and processed by the department during the reporting period. Specialty prescriptions are medications that are generally high cost and require prior authorization (i.e. approval) prior to dispensing to patients. They are have additional restrictions (generally by insurance companies) as to which pharmacies can dispense them.

This is a subset of Retail Prescriptions Processed.
Pharmacy Services

Weighted Compounded Prescriptions

Enter the total number of weighted compounded prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted DME Sales

Total weighted number of durable medical equipment devices sold (e.g. glucose monitoring devices, handicap equipment) and total number of boxes of non durable supplies (e.g. such as syringes, gauze, etc.). Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted Mail Order Prescriptions

Total weighted new and refill mail order prescriptions that are mailed to patients. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Weighted Prescriptions

Total number of weighted prescriptions processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

Weighted Specialty Prescriptions

Enter the total number of weighted specialty prescriptions received and processed by the department during the reporting period. Refer to the Pharmacy Workload Worksheet found on the Support Page for assistance with reporting this element.

This is a subset of Weighted Prescriptions.

Pharmacy Retail/Prescription Services Rollup Department Hour Element

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacist**

Total hours worked by registered pharmacists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Buyer**

Total hours worked by staff responsible for all pharmaceutical orders, purchases, inventory and pharmaceutical cost management.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Resident**

Total pharmacy resident hours used by the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Pharmacy Technician**

Total hours worked by pharmacy technicians.

This is a subset of Worked Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.
Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Pharmacy Retail/Prescription Services Rollup Revenue Elements

Total Retail Revenue

Total retail revenue received from all sales including but not limited to revenue related to sundries. Include revenue from both retail and take-home prescriptions.

Pharmacy Retail/Prescription Services Rollup Expense Elements

Albumin and Plasma Protein Fraction Expense

Total drug expense for all strengths and sizes of albumin and plasma protein fraction.

This is a subset of Drug Expense.

Anti-Infective Drug Expense

Total drug expense for all anti-infective drugs.

This is a subset of Drug Expense.

Anticoagulant and Thrombolytic Drug Expense

Total drug expense for all anticoagulant and thrombolytic drugs, including but not limited to abciximab, alteplase, anti-thrombin III, argatroban, bivalirudin, enoxaparin, eptifibatide, heparin, lepirudin, reteplase, streptokinase, tirofiban, urokinase, and warfarin.

This is a subset of Drug Expense.

Blood And Immune System Modifiers Expense

Total drug expense for all blood and immune system modifier drugs, including but not limited to darbepotin, epoetin, filgrastim, pegfilgrastim, sargramostim, adalimumab, omalizumab, and interferons (all variations).
This is a subset of Drug Expense.

**Botulinum Toxin Expense**

Total drug expense for all strengths, sizes, and brands of botulinum toxin type A and botulinum toxin type B.

This is a subset of Drug Expense.

**Contrast Media Expense**

Total drug expense for all strengths, sizes and brands of radiology contrast media.

This is a subset of Drug Expense.

**Drug Expense**

Total expense for pharmaceuticals expensed to this department.

This is a subset of Medical Supply Expense.

**Enzyme Deficiency Replacement Drug Expense**

Total drug expense for all enzyme replacement therapy drugs, including but not limited to agalsidase beta, alglucerase, alglucosidase alfa, elosulfase alfa, galsulfase, idursulfase, imiglucerase, and laronidase.

This is a subset of Drug Expense.

**Hemophilia Factor Expense**

Total drug expense for all strengths, sizes and brands of Factor VIIa, VIII and IX.

This is a subset of Drug Expense.

**Infliximab Drug Expense**

Total drug expense for Infliximab.

This is a subset of Drug Expense.

**IV Immune Globulin Expense**

Total drug expense for all brands of IV immune globulin (IVIG).
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Macular Degeneration Drug Expense

Total drug expense for all macular degeneration drugs, including but not limited to pegaptanib, ranibizumab, and verteporfin.

This is a subset of Drug Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

Oncology Drug Expense

Total drug expense for all antineoplastic/oncology drugs.

This is a subset of Drug Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Transplant Drug Expense
Total drug expense for all transplant drugs, including but not limited to cyclosporine, mycophenolate, sirolimus, tacrolimus, basiliximab, anti-thymocyte globulin, cytomegalovirus immune globulin, and lymphocyte immune globulin.

This is a subset of Drug Expense.

Vaccines and Toxoids Expense
Total drug expense for all vaccines and toxoids.

This is a subset of Drug Expense.

Volatile Anesthetic Gases Expense
Total drug expense for all strengths, sizes and brands of volatile anesthetic gases.

This is a subset of Drug Expense.

Pharmacy Retail/Prescription Services Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Clinical Service Workload Units
- Days of Operation per Week
- Hours of Operation per Week
- Worked Hours: Pharmacy Resident
- Retail Prescriptions Processed
- Total Retail Revenue

Pharmacy Retail/Prescription Services Rollup Normalizations
Pharmacy Services Worksheets

The Pharmacy Intensity Score is based upon publicly available cost report data and is based upon the most recent data that is deemed robust enough to calculate weights. Due to timing constraints, the Pharmacy Intensity Scores are typically based on DRGs and information that is one year in arrears.

Use the following worksheets for this department. The worksheets can be found on the Support tab of ActionOI.

- Intensity Score workbook_Supply and Pharmacy
- Retail Pharmacy Worksheet
- Pharm Clin Serv Workload Unit Worksheet
Chapter 31. Psychiatry and Psychological Services

This chapter includes the following sections:

- 04710, Partial Hospitalization
- G4700, Other Psychiatry/Psychology Services

04710, Partial Hospitalization

This department offers outpatient mental health treatment programs for patients of all ages. Services include diagnosis, crisis intervention, individual and group counseling. Services may include day treatment, comprised of intensive outpatient programs used to stabilize acute psychiatric symptoms to help patients learn to manage their psychiatric disorders and/or related issues. This department may also serve as a step down from or alternative to psychiatric inpatient treatment.

Partial Hospitalization Mapping Guidelines

If your cost center's patient population is less than 80% partial hospitalization for mental health day treatment as defined here, this department may not be an appropriate choice.

Partial Hospitalization Workload Volumes

Department Specific Timed Work Units (TWUs)

The timed work units (TWUs) performed is the time spent by department staff during patient and group therapy sessions. Each timed work unit represents one minute. Simply report the total number of minutes during which sessions were conducted.

Group Therapy Sessions

Total group therapy sessions conducted during the reporting period. Patient group therapy sessions are any session where more than one patient is treated concurrently. This is a count of the sessions, not the number of patients being seen, the number of patients in each session does not affect the count.

This is a subset of Patient Sessions.
Individual Patient Sessions

Total Individual patient sessions conducted during the reporting period. Individual patient sessions are encounters (visits) with patients on an individual basis. The patient may have more than one encounter over a period of time. The length of encounter does not affect the count.

This is a subset of Patient Sessions.

Outpatient Observation Visits

The total number of patient visits supported by the department staff during the reporting period. A visit may include one or more sessions.

Patient Sessions

The total therapeutic patient sessions conducted either individually or in a group setting for the reporting period. Patient sessions is the sum of individual patient sessions and group therapy sessions. The sessions could be conducted by either the Clinical Psychologist or other staff member within the department.

Partial Hospitalization Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by registered nurse. Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Partial Hospitalization Expense Elements

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Partial Hospitalization Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Patient Sessions
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

Partial Hospitalization Normalizations

Exclude the hours costs and volumes (where applicable) associated with the

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms
G4700, Other Psychiatry/Psychology Services

This generic department includes all cost centers belonging to psychiatry/psychology services that cannot be mapped to the Psychiatry/Psychology department.

Other Psychiatry/Psychology Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: Physician Provider

Total hours worked by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by registered nurse. Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Other Psychiatry/Psychology Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Other Psychiatry/Psychology Services Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
• Worked Hours: Staff

Other Psychiatry/Psychology Services Normalizations

Exclude the hours costs and volumes (where applicable) associated with the

• Medical records transcription, e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments into this department

• Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Procedure Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services, e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms
Chapter 32. Quality Indicators

This department provides quality indicators for the acute and ambulatory care environments to assist health care facilities in evaluating patient care quality and identifying opportunities for improvement. These indicators are not to be used exclusively to establish performance thresholds or standards of care.

This chapter includes the following sections:

- 00300, Quality Indicators Elements 1810
- Quality Indicators Mandatory Elements 1814

00300, Quality Indicators Elements

Central line catheter-associated blood stream infection rate

The percentage of ICU and high-risk nursery patients who acquired a central line catheter-associated blood stream infection. This measurement follows the guidelines and requirements set forth by NDNQI® for hospital acquired infections and is based on the rate of central line-associated bloodstream infections per 1000 days of central line use.

Deep Vein Thrombosis and Pulmonary Embolism Following Ortho procedures

Total number of DVTs acquired following orthopedic procedures: Total Knee Replacement and Hip Replacement. This measurement follows the guidelines and requirements set forth by CMS for reportable hospital acquired conditions.

HCAHPS: Nurse Communication

Based on the most recently published version of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, enter the percent of patients who reported that their nurses "Always" communicated well. (Question #3: During this hospital stay, how often did nurses explain things in a way you could understand?)

Note: Publicly reported HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals’ HCAHPS results four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on.

Visit www.medicare.gov/hospitalcompare to obtain your facility's score.
HCAHPS: Nurse Responsiveness

Based on the most recently published version of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, enter the percent of patients who reported that they "Always" received help as soon as they wanted. (Question #4: During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?)

Note: Publicly reported HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals' HCAHPS results four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on.

Visit www.medicare.gov/hospitalcompare to obtain your facility's score.

Licensed Contracted agency staff Mix

Total number of contracted agency staff (RNs and LPNs) working with direct patient care.

Licensed Nursing Staff

Total number of full-time and part-time nurses (RNs, LPNs, LVNs) who provide patient care. Include per diem nurses who have regularly scheduled units and schedules. Do not include float pool nurses.

Licensed Nursing Staff Additions

The total number of new hires or employee transfers into the department for Licensed Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Additions are counted as of the first day worked. Include per diem nurses who have regularly scheduled units and schedules. Therefore, an employee addition is credited to the reporting period of the first day worked, even if the new hire, or employee transfer, was submitted and/or approved in the period prior.

Licensed Nursing Staff Separations

The total number of voluntary employment separations for Nursing staff (RNs, LPNs, LVNs) who provide patient care during the reporting period. Separations are counted as of the last day worked. Therefore, an employee separation is credited to the reporting period of the last day worked, even if the resignation was submitted in the prior period.

LPN/LVN Mix

Total number of full-time, part-time, and Per Diem LPN/LVNs working with direct patient care. Include Per Diem Nursing staff employed by the hospital and have regular schedules and units. Do not include Float Pool nurses.

Manifestations of Poor Glycemic Control

The total number of reported Diabetic Ketoacidosis (DKA), Nonketotic Hyperosmolar coma (NKHC), and Hypoglycemic Comas. This measurement follows the guidelines and requirements set forth by CMS for reportable, hospital acquired conditions.
Nursing Care Hours Worked

The total number of productive hours worked by nursing staff assigned to have direct patient care responsibilities for greater than 50% of their shift. Productive hours and Direct Patient Care Responsibilities are further defined by the ANA. This includes RNs, LPNs, LVNs, and UAPs.

Nursing Staff Mix

The total number of all nursing staff supplied by RNs, LPN/LVNs, Unlicensed Assistive Personnel (aides), and agency staff working with direct patient care. Include Per Diem Nursing staff employed by the hospital and have regular schedules and units. Do not include Float Pool nurses.

Patient Falls

The total number of patient falls for a reporting period. A Patient Fall is defined by the NDNQI® as an unplanned descent to the floor. See NDNQI® for further explanation of this definition, eligible departments, and internal calculation for this quality indicator.

Patient Falls with Injury

A Patient Fall with injury is the total of all Patient Falls which resulted in an injury regardless of severity. See NDNQI for further explanation of this definition, eligible departments and internal calculation for this quality indicator.

Pressure Ulcers: Community acquired

Total number of pressure ulcers Stage II or greater identified and recorded on admission.

Pressure Ulcers: Hospital acquired

Total number of pressure ulcers Stage II or greater that developed after admission to the facility.

Readmissions Within 30 Days

Include all readmissions that are unplanned and that are subsequent to an inpatient admission to any acute care facility which occurs within 30 days of the discharge date for any condition. A hospital readmission occurs when a patient is admitted to a hospital within a specified time period after being discharged from an earlier (initial) hospitalization and includes hospital readmission to any hospital, not just the hospital at which the patient was originally hospitalized.

RN Mix

Total number of full-time, part-time, and Per Diem RNs working with direct patient care. Include Per Diem Nursing staff employed by the hospital and have regular schedules and units. Do not include Float Pool nurses.
**Surgical Site Infection: following Bariatric Procedures**

Total number of infections following Bariatric Surgery including only Laparoscopic Gastric Bypass, Gastroenterostomy, and Laparoscopic Gastric Restrictive Surgery. This measurement follows the guidelines and requirements set forth by CMS for reportable hospital acquired conditions. Verify with CMS for eligible reportable procedures.

**Surgical Site Infection: following CABG, Mediastinitis**

Total number of infections following Coronary Artery Bypass Graft - Mediastinitis surgery. This measurement follows the guidelines and requirements set forth by CMS for reportable hospital acquired conditions. Verify with CMS for eligible reportable procedures.

**Surgical Site Infection: following Ortho Procedures**

Total number of infections following Orthopedic Surgery including: Spine, Neck, Shoulder, and Elbow. This measurement follows the guidelines and requirements set forth by CMS for reportable hospital acquired conditions. Verify with CMS for eligible reportable procedures.

**Total Inpatient Deaths**

Include all inpatient deaths, without adjustment for such factors as age, diagnosis, or severity of illness. Do not include Emergency Department deaths and DOAs, stillborns, neonates, and all patients in non-acute care settings.

**Total Number of Employees**

Total number of individuals employed during the reporting period regardless of current employment status.

**Total Reported Pressure Ulcers**

Total number of pressure ulcers Stage II or greater identified and recorded during the reporting period. Include pressure ulcers initially acquired in the hospital, in the community, or from an unknown origin.

**Total Resignations And Terminations**

Total number of resignations and terminations for all employees. This includes part-time and full-time employees.

This is a subset of Total Number of Employees.

**Unlicensed Assistive Personnel (aides) Mix**

Total number of full-time, part-time, and Per Diem UAPs working with direct patient care. Include Per Diem Nursing staff employed by the hospital and have regular schedules and units.
Vascular Catheter-Associated Infection rate

The percentage of Vascular Catheter-Associated Blood Stream infections (BSI). This measurement follows the guidelines and requirements set forth by CMS for hospital acquired conditions.

Quality Indicators Mandatory Elements

The following data elements are mandatory for this department:

- AMA Readmissions Within 30 Days
Chapter 33. Quality Management and Patient Safety Services

This chapter includes the following sections:

- 06410, Infection Prevention and Control and Healthcare Epidemiology
- G6400, Other Quality Management and Patient Safety Services

06410, Infection Prevention and Control and Healthcare Epidemiology

This department collects, analyzes, and interprets health data in order to track infection trends, plan appropriate interventions, measure success, and report relevant data internally to Administration and relevant bodies and externally to public health agencies as required by state law. It also establishes scientifically based infection prevention practices and collaborates with the healthcare team to assure implementation. The department performs comprehensive surveillance and creates, implements, supports, and sustains evidence-based interventions to prevent healthcare-associated infections and organism transmissions. It also educates healthcare personnel, patients and the public about infectious diseases and how to limit their spread.

Infection Prevention and Control and Healthcare Epidemiology Workload Volumes

Ambulatory Clinics Supported

Total distinct clinic sites or entities in the ambulatory services function that provide direct patient care for the period.

Ambulatory Surgery Cases

The total number of cases performed in your Ambulatory Surgery Center(s) for the period.

Blood Culture Evaluations

Total number of blood cultures investigated during the reporting period.

This is a subset of Total Culture Evaluations.
CAUTI Healthcare-associated Infections (HAIs)

Enter the total number of CAUTI Healthcare-associated infections as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. Visit http://www.cdc.gov/nhsn/cms/index.html for more information.

This is a subset of Total Healthcare-associated Infections (HAIs).

CLABSI Healthcare-associated Infections (HAIs)

Enter the total number of CLABSI Healthcare-associated infections as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. Visit http://www.cdc.gov/nhsn/cms/index.html for more information.

This is a subset of Total Healthcare-associated Infections (HAIs).

CMS reported C. difficile LabID events

Total number of C. difficile LabID events reported to CMS as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. If there are no events to report please enter a zero. If you are not reporting this data please leave blank.

This is a subset of Total CMS reported HAIs.

CMS reported CAUTI HAIs

Enter the total number of CAUTI HAIs reported to CMS as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. If there are no events to report please enter a zero. If you are not reporting this data please leave blank.

This is a subset of Total CMS reported HAIs.

CMS reported Central Line Days

The total number of days a central line has been accessed per NHSN CMS reporting guidelines. Only one central line per patient is counted per calendar day regardless of the number of central lines present. This should match what is reported to the CMS Hospital Inpatient Quality Reporting Program. If there have been no central line days please report a zero.

CMS reported CLABSI HAIs

Enter the total number of CLABSI HAIs reported to CMS as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. If there are no events to report please enter a zero. If you are not reporting this data please leave blank.

This is a subset of Total CMS reported HAIs.
CMS Reported Healthcare-Associated Infections (HAIs)

Enter the total number of healthcare-associated infections reported to Centers of Medicare Services (CMS) as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. If there are no events to report please enter a zero. If you are not reporting this data please leave blank.

CMS reported Methicillin-resistant Staphylococcus Aureus (MRSA) bacteremia LabID events

Total number of MRSA events reported to CMS as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. If there are no events to report please enter a zero. If you are not reporting this data please leave blank.

This is a subset of Total CMS reported HAIs.

CMS reported Surgical Site Infections (SSI)

Total number of Surgical Site Infections (SSI) healthcare-associated infections reported to CMS as defined by the CDC’s National Healthcare Safety Network (NHSN) for the reporting period. If there are no events to report please enter a zero. If you are not reporting this data please leave blank.

This is a subset of Total CMS reported HAIs.

CMS reported Urinary Catheter Days

The total number of urinary catheter days per NHSN CMS reporting guidelines. This should match what is reported to the CMS Hospital Inpatient Quality Reporting Program. If there have been no urinary catheter days please report a zero.

ICRA Construction/Renovation Projects

Enter the number of Infection Control Risk Assessment construction and renovation projects completed during the reporting period. This includes all construction and renovation projects regardless of type (inspection/non-invasive activities through major demolition and construction) where the staff in this department were actively involved in the project for the purpose of minimizing construction-related outbreaks of environmental airborne contaminants and infectious agents.

ICU Patient Days Supported

Total number of Intensive Care Unit Patient Days supported for the period. This is a total of all patient days on all Intensive Care Units in the facility.

ICU Units Supported

Total number of Intensive Care Units supported for the period.

This is a component of Inpatient Units.
**Inpatient Units Supported**
Total number of Inpatient nursing units supported for the period.

**Isolation Management Patient Days**
Total number of days patient spent in isolation for the reporting period.

**Oncology Units Supported**
Total number of units dedicated to oncology care for the period.

This is a component of Inpatient Units.

**Operating Room Cases**
The total number of cases performed in your Operating Room(s) supported for the period.

**Operating Rooms Supported**
The total number of supported operating rooms designed and equipped for surgical operations, which are licensed by the state, for the period.

**SSI Healthcare-associated Infections (HAIs)**
Total number of SSI healthcare-associated infections for the reporting period. A SSI is a healthcare-associated Surgical Site Infection that patients acquired during the course of receiving treatment.

This is a subset of Total Healthcare-associated Infections (HAIs).

**Surgical Site Infection (SSI) Surveillance Procedures**
Number of procedures for which NHSN defined surgical site infection (SSI) surveillance performed for the reporting period. This is also known as procedure-associated events SSI.

**Surveillance Cultures**
Total number of surveillance cultures reported as part of infection control surveillance, such as stool cultures for vancomycin-resistant enterococci (VRE), not for use in patient diagnosis. Also called active surveillance cultures or testing (AST).

**Total Culture Evaluations**
Total number of cultures investigated (urine, blood, etc) during the reporting period.
Total Device Days

Total number of device days for which National Healthcare Safety Network (NHSN) defined healthcare associated infection surveillance was performed for the reporting period.

Total Healthcare-associated Infections (HAIs)

Enter the total number of healthcare-associated infections as defined by the CDC's National Healthcare Safety Network (NHSN) for the reporting period. Visit http://www.cdc.gov/nhsn/cms/index.html for more information.

Total Non Acute Care Patient Discharges

Total skilled nursing, swing, sub acute, and or long term care discharges including deaths supported by the organization for the reporting period.

Transplant Units Supported

Total number of units that support transplant patients for the period.

This is a component of Inpatient Units.

Urine Culture Evaluations

Total number of urine cultures investigated during the reporting period.

This is a subset of Total Culture Evaluations.

VAP, VAE Healthcare-associated Infections (HAIs)

Enter the total number of VAP, VAE Healthcare-associated infections as defined by the CDC's National Healthcare Safety Network (NHSN) for the reporting period. Visit http://www.cdc.gov/nhsn/cms/index.html for more information.

This is a subset of Total Healthcare-associated Infections (HAIs).

Ventilator Patient Days

Enter the total number of patient days where patients were supported by a Ventilator. For ActionOI reporting, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500, 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.
VRE infection surveillance Patient Days

Number of patient days for which NHSN defined healthcare associated VRE infection surveillance is performed.

Infection Prevention and Control and Healthcare Epidemiology Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Infection Prevention and Control and Healthcare Epidemiology Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Infection Prevention and Control and Healthcare Epidemiology Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Infection Prevention and Control and Healthcare Epidemiology Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

- Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
Exclude the hours costs and volumes (where applicable) associated with the

- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
- Grant or research funded services
- Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
- Instrument Decontamination, Pack Assembly, Terminal Sterilization

**G6400, Other Quality Management and Patient Safety Services**

This generic department includes all cost centers belonging to Quality Management and Patient Safety Services that cannot be mapped to individual departments.

**Other Quality Management and Patient Safety Services Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Other Quality Management and Patient Safety Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Report the expense for the period for stocked and non stocked patient medical supplies. Include all non capitalized medical and surgical supplies, pharmaceuticals, and other materials used in the diagnosis and treatment of patients.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense
Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Other Quality Management and Patient Safety Services Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider

• Worked Hours: Staff

**Other Quality Management and Patient Safety Services Normalizations**

Include the hours costs and volumes (where applicable) associated with the

• Patient Safety which is a discipline that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery; it minimizes the incidence and impact of, and maximizes recovery from, adverse events. Patient Safety, e.g., utilize safety science methods to ensure the quality of the health care delivered, researches incidents, creates plans to minimize future incidents.

Exclude the hours costs and volumes (where applicable) associated with the

• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

• Grant or research funded services

• Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)

• Infection Control (e.g., functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).

• Instrument Decontamination, Pack Assembly, Terminal Sterilization
Chapter 34. Radiation Therapy Services

This chapter includes the following sections:

- 04010, Radiation Therapy (Oncology) 1829
- 04020, Radiation Therapy (Gamma) 1836
- 04030, Radiation Therapy (Proton) 1843
- G4000, Other Radiation Therapy Services 1849
- Radiation Therapy Services Worksheets 1855

04010, Radiation Therapy (Oncology)

The Radiation Therapy (Oncology) department performs localized treatments of benign and malignant conditions using high-energy radiation from cobalt, electrons, photons, x-rays and other external beam or teletherapy. (ex. Cyberknife and IOERT)

Radiation Therapy (Oncology) Mapping Guidelines

Other duties/responsibilities that should be included: department management and administrative support staff assisting the services provided to the patients. If you have separate cost centers for specialty services this is not an appropriate mapping, use 04020, Radiation Therapy (Gamma) department or 04030, Radiation Therapy (Proton) department.

Radiation Therapy (Oncology) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Brachytherapy Treatments

The total number of brachytherapy treatments. Brachytherapy is a technique involving placing radioelements internally, directly at the treatment site.
Exam Suites
Exams Suites are individual treatment rooms or partitioned areas in an open bay concept designed and equipped to accommodate patient evaluation. Do not include waiting areas or office spaces. Report only rooms routinely used for examinations. Do not include a procedure room that is used for examinations only when no other space is available.

Hours Accelerators Available
The total number of hours in a reporting period that each linear accelerator was available for treatment. Report the total amount of time that all combined accelerators were available during the report period. For example, in a single reporting quarter, if three accelerators were each available 40 hours a week for 13 weeks that would equal 1,560 total hours.

Inpatient Treatments
Total Radiation Oncology treatments performed on hospital inpatients.

Linear Accelerators
The total number of linear accelerators used for therapeutic purposes in the department.

Medical Radiation Physics Plans And Simulations
The total number of medical radiation and dosimetry calculations and plans. Include CPT codes only if performed by staff other than physicians. Do not include CPT codes which relate to the construction of treatment devices.

Patient Visits
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Procedure Rooms
The total discrete spaces designed and equipped for procedures used by department staff. Procedure rooms are usually distinct from examination rooms; however if a room is equipped for dual purposes (exams and procedures), it should be included in this count.
Simulation Rooms
The total number of discrete spaces designed and equipped for simulation. A simulation session is a meeting between patient the radiation oncologist, and other members of the radiation team. During this meeting the radiation team plans where and how to use the radiation to destroy the cancer cells.

Therapeutic Units
The total number of machines used for therapeutic treatment. This data element refers to units not used for simulation. They might include cobalt units, linear accelerators, superficial x-ray machines, and other specialty therapeutic units.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as the Procedure Counting section.

Treatments
This refers to all treatments performed by this department as calculated on the Radiation Therapy Subset Procedure worksheet. This does not include training sessions. Count specific treatments regardless of the procedure time frame. The count must include a value for all activities performed by the department. The department may perform additional procedures not assigned to the Radiation Therapy department designation listed on the worksheet.

This is a component of Total Procedures.

Radiation Therapy (Oncology) Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Clinical Engineers and Biomedical Equipment Technicians**

Total hours worked by clinical engineers and biomedical equipment technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Dosimetrist**

Total hours worked by dosimetrists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).
This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physicist**

Total hours worked by physicists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Radiation Therapist**

Total hours worked by radiation therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Radiation Therapy (Oncology) Expense Elements**

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain technical devices. Include fee for service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non stocked medical supplies. Include all non capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Radiation Therapy (Oncology) Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Treatments
- Worked Hours: Physician Provider
- Worked Hours: Staff

Radiation Therapy (Oncology) Normalizations

Exclude the hours costs and volumes (where applicable) associated with the
• Clinical Dietitian

• Clinical Engineer and/or Biomedical Technician

• Cost of all medications, including IV solutions administered to outpatients including Ambulatory Dialysis, Ambulatory Surgery (not the main OR), and all other outpatient/ambulatory clinics. Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Management/Oversight of a school based curriculum/program for radiation therapy students

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

04020, Radiation Therapy (Gamma)

The Radiation Therapy (Gamma) department performs localized treatments of benign and malignant conditions using gamma rays. (ex. Gamma Knife)

Radiation Therapy (Gamma) Mapping Guidelines

Other duties/responsibilities that should be included: department management and administrative support staff assisting the services provided to the patients. If your cost center provides service via electrons, photons, or protons this is not an appropriate mapping, use 04010, Radiation Therapy (Oncology) department or 04030, Radiation Therapy (Proton) department.

Radiation Therapy (Gamma) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
**Hours Therapeutic Unit is Available**

The total number of hours in a reporting period that each Therapeutic Unit was available for treatment. Report the total amount of time that all combined units were available during the report period. For example, in a single reporting quarter, if three units were each available 40 hours a week for 13 weeks that would equal 1,560 total hours.

**Inpatient Treatments**

Total Radiation Oncology treatments performed on hospital inpatients.

This is a subset of Treatments.

**Medical Radiation Physics Plans**

The total number of medical radiation and dosimetry calculations and plans. Include CPT codes only if performed by staff other than physicians. Do not include CPT codes which relate to the construction of treatment devices.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Procedure Rooms**

The total discrete spaces designed and equipped for procedures used by department staff. Procedure rooms are usually distinct from examination rooms; however if a room is equipped for dual purposes (exams and procedures), it should be included in this count.

**Therapeutic Units**

The total number of machines used for therapeutic treatment. This data element refers to units not used for simulation. They might include cobalt units, linear accelerators, superficial x-ray machines, and other specialty therapeutic units.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as the Procedure Counting section.
Treatments

This refers to all treatments performed by this department as calculated on the Radiation Therapy Subset Procedure worksheet. This does not include training sessions. Count specific treatments regardless of the procedure time frame. The count must include a value for all activities performed by the department. The department may perform additional procedures not assigned to the Radiation Therapy department designation listed on the worksheet.

This is a component of Total Procedures.

Radiation Therapy (Gamma) Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Engineers and Biomedical Equipment Technicians

Total hours worked by clinical engineers and biomedical equipment technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Dosimetrist

Total hours worked by dosimetrists.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Physicist

Total hours worked by physicists.

This is a subset of Worked Hours: Staff.
Worked Hours: Radiation Therapist

Total hours worked by radiation therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Radiation Therapy (Gamma) Expense Elements

Equipment Repair And Maintenance Expense

Total expense to repair and maintain technical devices. Include fee for service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense
Total expense for stocked and non stocked medical supplies. Include all non capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense
Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Radiation Therapy (Gamma) Mandatory Elements
The following data elements are mandatory for this department:
• APC Relative Weight
• Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Treatments
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Radiation Therapy (Gamma) Normalizations**

Exclude the hours costs and volumes (where applicable) associated with the

• Clinical Dietitian

• Clinical Engineer and/or Biomedical Technician

• Cost of all medications, including IV solutions administered to outpatients including Ambulatory Dialysis, Ambulatory Surgery (not the main OR), and all other outpatient/ambulatory clinics. Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Management/Oversight of a school based curriculum/program for radiation therapy students

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

04030, Radiation Therapy (Proton)

The Radiation Therapy (Proton) department performs localized treatments of benign and malignant conditions using protons.

Radiation Therapy (Proton) Mapping Guidelines

Other duties/responsibilities that should be included: department management and administrative support staff assisting the services provided to the patients. If your cost center provides service via electrons, photons, or gamma rays this is not an appropriate mapping, use 04010, Radiation Therapy (Oncology) department or 04020, Radiation Therapy (Gamma) department.

Radiation Therapy (Proton) Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Hours Therapeutic Unit is Available

The total number of hours in a reporting period that each Therapeutic Unit was available for treatment. Report the total amount of time that all combined units were available during the report period. For example, in a single reporting quarter, if three units were each available 40 hours a week for 13 weeks that would equal 1,560 total hours.

Inpatient Treatments

Total Radiation Oncology treatments performed on hospital inpatients.

This is a subset of Treatments.

Medical Radiation Physics Plans

The total number of medical radiation and dosimetry calculations and plans. Include CPT codes only if performed by staff other than physicians. Do not include CPT codes which relate to the construction of treatment devices.
**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Procedure Rooms**

The total discrete spaces designed and equipped for procedures used by department staff. Procedure rooms are usually distinct from examination rooms; however if a room is equipped for dual purposes (exams and procedures), it should be included in this count.

**Therapeutic Units**

The total number of machines used for therapeutic treatment. This data element refers to units not used for simulation. They might include cobalt units, linear accelerators, superficial x-ray machines, and other specialty therapeutic units.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as the Procedure Counting section.

**Treatments**

This refers to all treatments performed by this department as calculated on the Radiation Therapy Subset Procedure worksheet. This does not include training sessions. Count specific treatments regardless of the procedure time frame. The count must include a value for all activities performed by the department. The department may perform additional procedures not assigned to the Radiation Therapy department designation listed on the worksheet.

This is a component of Total Procedures.

**Radiation Therapy (Proton) Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Engineers and Biomedical Equipment Technicians

Total hours worked by clinical engineers and biomedical equipment technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Dosimetrist

Total hours worked by dosimetrists.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physicist**

Total hours worked by physicists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Radiation Therapist**

Total hours worked by radiation therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Radiation Therapy (Proton) Expense Elements

Equipment Repair And Maintenance Expense

Total expense to repair and maintain technical devices. Include fee for service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non stocked medical supplies. Include all non capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.
**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Radiation Therapy (Proton) Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
• Total Procedures
• Treatments
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Radiation Therapy (Proton) Normalizations**

Exclude the hours costs and volumes (where applicable) associated with the

• Clinical Dietitian
• Clinical Engineer and/or Biomedical Technician
• Cost of all medications, including IV solutions administered to outpatients including Ambulatory Dialysis, Ambulatory Surgery (not the main OR), and all other outpatient/ambulatory clinics. Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors
• Management/Oversight of a school based curriculum/program for radiation therapy students
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
• Repair and Maintenance of Clinical Equipment/Rooms
• Social Workers

**G4000, Other Radiation Therapy Services**

This generic department includes cost centers belonging to Radiation Therapy Services Series that cannot be mapped to one of the Radiation Therapy departments.

**Other Radiation Therapy Services Mapping Guidelines**

Departments utilizing this standard generic department will not be represented on a report.
Other Radiation Therapy Services Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as the Procedure Counting section.

Treatments

This refers to all treatments performed by this department as calculated on the Radiation Therapy Subset Procedure worksheet. This does not include training sessions. Count specific treatments regardless of the procedure time frame. The count must include a value for all activities performed by the department. The department may perform additional procedures not assigned to the Radiation Therapy department designation listed on the worksheet.

This is a component of Total Procedures.

Other Radiation Therapy Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Clinical Engineers and Biomedical Equipment Technicians**

Total hours worked by clinical engineers and biomedical equipment technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Dosimetrist**

Total hours worked by dosimetrists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.s.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physicist**

Total hours worked by physicists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Radiation Therapist**

Total hours worked by radiation therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Other Radiation Therapy Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advanced practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non stocked medical supplies. Include all non capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non medical operating supplies, (e.g., equipment lubricants, office supplies, distribution supplies, and small non capitalized) equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Other Radiation Therapy Services Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Treatments
- Worked Hours: Physician Provider
• Worked Hours: Staff

Other Radiation Therapy Services Normalizations

Exclude the hours costs and volumes (where applicable) associated with the

• Clinical Dietitian

• Clinical Engineer and/or Biomedical Technician

• Cost of all medications, including IV solutions administered to outpatients including Ambulatory Dialysis, Ambulatory Surgery (not the main OR), and all other outpatient/ambulatory clinics. Cost of all medications, including IV solutions administered to outpatients. Do not include take home and OTC drugs, contrast media, volatile anesthetic gases, and hemophilia factors

• Management/Oversight of a school based curriculum/program for radiation therapy students

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

Radiation Therapy Services Worksheets

Use the following worksheets for this department. These worksheets can be found on the Support tab of ActionOI.

• APC and Work RVU Worksheet

• Radiation Therapy Worksheet
Chapter 35. Rehabilitation Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 04811, Physical Therapy: Inpatient 1857
- 04812, Physical Therapy: Outpatient 1865
- 04815, Physical Therapy: Inpatient and Outpatient 1874
- 04821, Occupational Therapy: Inpatient 1884
- 04822, Occupational Therapy: Outpatient 1893
- 04825, Occupational Therapy: Inpatient and Outpatient 1901
- 04830, Occupational Rehabilitation 1911
- 04840, Sports Medicine Therapies 1920
- 04850, Recreational Therapy 1928
- 04860, Speech Language Pathology and Audiology Combined 1938
- 04861, Speech Language Pathology: Inpatient and Outpatient 1948
- 04862, Audiology 1958
- 04863, Speech Language Pathology: Inpatient 1968
- 04864, Speech Language Pathology: Outpatient 1977
- 04870, PT/OT/SLP Combined: Inpatient and Outpatient 1986
- 04871, PT/OT/SLP Combined: Inpatient 1996
- 04872, PT/OT/SLP Combined: Outpatient 2006
- 04899, Rehabilitation Services Administration and Support 2015
- F4800, Rehabilitation Therapies Functional Rollup 2021
- G4800, Other Rehabilitation Therapies Services 2031
Rehabilitation Services Worksheet 2042

04811, Physical Therapy: Inpatient

This department provides evaluation and treatment for inpatients with neurological, muscular, cardiac, pulmonary, orthopedic and skeletal trauma or dysfunction. Physical therapy is the treatment of disorders with physical agents and methods, such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in habilitating or rehabilitating patients and in restoring function after an illness or injury.

Physical Therapy: Inpatient Mapping Guidelines

If your actual cost center’s patient population is less than 95% physical therapy inpatient this department may not be an appropriate choice. Another option might be the 04815 - Physical Therapy: Inpatient & Outpatient department.

Physical Therapy: Inpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).
Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.
Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Physical Therapy: Inpatient Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Physical Therapy: Inpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Physical Therapy: Inpatient Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

Physical Therapy: Inpatient Normalizations

Include the hours costs and volumes (where applicable) associated with:
• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

• Transport of patients not requiring clinical escort

04812, Physical Therapy: Outpatient

This department provides evaluation and treatment for outpatients with neurological, muscular, orthopedic and skeletal trauma or dysfunction. Physical therapy is the treatment of disorders with physical agents and methods, such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in habilitating or rehabilitating patients and in restoring function after an illness or injury.
Physical Therapy: Outpatient Mapping Guidelines

If your actual cost center's patient population is less than 95% physical therapy outpatient this department may not be an appropriate choice. Another option might be the 04815 - Physical Therapy: Inpatient & Outpatient department.

Physical Therapy: Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.
**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).
Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.
Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Physical Therapy: Outpatient Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Therapist

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: Therapy Assistant

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

Physical Therapy: Outpatient Expense Elements

September 2019

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**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Physical Therapy: Outpatient Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

**Physical Therapy: Outpatient Normalizations**
Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department's day-to-day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the:

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
- Case Management (manages patient care while the patient is undergoing treatment)
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Medical records transcription (e.g., lines produced internally or outsourced; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g., cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
- PPS (Prospective Payment System) Coordinator
- Rehab Services Patient Scheduling
- Repair and Maintenance of Clinical Equipment/Rooms
- Social Workers
- Transport of patients not requiring clinical escort
04815, Physical Therapy: Inpatient and Outpatient

This department provides evaluation and treatment for inpatients and outpatients with neurological, muscular, and skeletal trauma or dysfunction. Physical therapy is the treatment of disorders with physical agents and methods, such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in habilitating or rehabilitating patients and in restoring function after an illness or injury. This department includes work hardening as applicable.

Physical Therapy: Inpatient and Outpatient Mapping Guidelines

If your actual cost center's patient population is less than 95% physical therapy for inpatients and outpatients, this department may not be an appropriate choice. Other options might include creating the 04811 Physical Therapy: Inpatient department and the 04812 Physical Therapy: Outpatient departments, or the G4800 Other Rehabilitation Therapies Services.

Physical Therapy: Inpatient and Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Inpatient Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

Inpatient Department Specific Billed Time Units (BTUs)

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

Inpatient Dept Specific Evaluation Billed Time Units (BTUs)

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.
Rehabilitation Services

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

**Inpatient Evaluations**

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

**Inpatient Visits**

Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

**Length of Stay (LOS) Efficiency**

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

**Note:** This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Physical Therapy: Inpatient and Outpatient Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Physical Therapy: Inpatient and Outpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Physical Therapy: Inpatient and Outpatient Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist
Physical Therapy: Inpatient and Outpatient Normalizations

Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

- Case Management (manages patient care while the patient is undergoing treatment)

- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

- PPS (Prospective Payment System) Coordinator

- Rehab Services Patient Scheduling

- Repair and Maintenance of Clinical Equipment/Rooms

- Social Workers

- Transport of patients not requiring clinical escort
04821, Occupational Therapy: Inpatient

This department provides evaluation and treatment for inpatients with sensory-motor, perceptual, or neuromuscular trauma or dysfunction. Occupational therapy is designed to help people of all ages with physical, developmental, social, or emotional deficits regain and build daily living skills that are important for functional independence, health, and well-being. This department includes therapeutic EMG and/or hand therapy.

Occupational Therapy: Inpatient Mapping Guidelines

If your actual cost center's patient population is less than 95% occupational therapy for inpatients, this department may not be an appropriate choice. Another option might be the 04825 Occupational Therapy: Inpatient & Outpatient department.

Occupational Therapy: Inpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Occupational Therapy: Inpatient Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or standby hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Occupational Therapy: Inpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Occupational Therapy: Inpatient Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist
Occupational Therapy: Inpatient Normalizations

Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
- Case Management (manages patient care while the patient is undergoing treatment)
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
- PPS (Prospective Payment System) Coordinator
- Rehab Services Patient Scheduling
- Repair and Maintenance of Clinical Equipment/Rooms
- Social Workers
- Transport of patients not requiring clinical escort
04822, Occupational Therapy: Outpatient

This department provides evaluation and treatment for outpatients with sensory-motor, perceptual, or neuromuscular trauma or dysfunction. Occupational therapy is designed to help people of all ages with physical, developmental, social, or emotional deficits regain and build daily living skills that are important for functional independence, health, and well-being. This department can include therapeutic EMG, work hardening, driving therapy and hand therapy.

Occupational Therapy: Outpatient Mapping Guidelines

If your actual cost center’s patient population is less than 95% occupational therapy for outpatients, this department may not be an appropriate choice. Another option might be the Occupational Therapy: Inpatient & Outpatient department.

Occupational Therapy: Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.
**Department Specific Evaluation Billed Timed Units (BTUs)**

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.
**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.
Service Units
The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations
Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Occupational Therapy: Outpatient Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Therapist

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: Therapy Assistant

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

Occupational Therapy: Outpatient Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Occupational Therapy: Outpatient Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

**Occupational Therapy: Outpatient Normalizations**

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• Personnel performing the functions of administration and managerial oversight operations (Rehabilitation)
• PPS (Prospective Payment System) Coordinator
• Rehab Services Patient Scheduling
• Repair and Maintenance of Clinical Equipment/Rooms
• Social Workers
• Transport of patients not requiring clinical escort

04825, Occupational Therapy: Inpatient and Outpatient

This department provides evaluation and treatment for inpatients and outpatients with sensory-motor, perceptual, or neuromuscular trauma or dysfunction. Occupational therapy is designed to help people of all ages with physical, developmental, social, or emotional deficits regain and build daily living skills that are important for functional independence, health, and well-being. This department can include therapeutic EMG, work hardening, driving therapy and hand therapy.

Occupational Therapy: Inpatient and Outpatient Mapping Guidelines

If your actual cost center's patient population is less than 95% occupational therapy for inpatients and outpatients, this department may not be an appropriate choice. Other options might include creating the 04821 Occupational Therapy: Inpatient department and the 04822 Occupational Therapy: Outpatient departments, the 04870 PT/OT/SLP Combined: Inpatient & Outpatient, or the G4800 Other Rehabilitation Therapies Services. If you have a cost center specifically for pediatric patients, map it here and be sure to answer the corresponding characteristic survey questions regarding pediatric volumes.

Occupational Therapy: Inpatient and Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.
**Case Mix Group (CMG) Index**

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

**Note:** This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

**Department Specific Billed Time Units (BTUs)**

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

**Department Specific Evaluation Billed Timed Units (BTUs)**

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.
**Inpatient Department Specific Billed Time Units (BTUs)**

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

**Inpatient Dept Specific Evaluation Billed Time Units (BTUs)**

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

**Inpatient Evaluations**

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

**Inpatient Visits**

Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

**Length of Stay (LOS) Efficiency**

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.
**Note:** This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.
This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

**Service Units**

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

**Total Evaluations**

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.
Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Occupational Therapy: Inpatient and Outpatient Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Therapist

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: Therapy Assistant

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

Occupational Therapy: Inpatient and Outpatient Expense Elements
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Worked Hours: Occupational Therapist

Total hours worked by licensed occupational therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: OT Assistant

Total hours worked by licensed occupational therapy assistants.

This is a subset of Worked Hours: Staff.

Occupational Therapy: Inpatient and Outpatient Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

**Occupational Therapy: Inpatient and Outpatient Normalizations**

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling
• Repair and Maintenance of Clinical Equipment/Rooms
• Social Workers
• Transport of patients not requiring clinical escort

04830, Occupational Rehabilitation

This department provides diagnostic, preventive, curative, rehabilitative, and educational services for workers either at their place of employment or in the hospital setting. Occupational Rehabilitation is a field of preventive medicine concerned with the medical problems and practices relating to occupations and especially to the health of workers in various industries. Also included in this department is work hardening which is a highly structured, goal-oriented, individualized treatment program designed to maximize a person's ability to return to work. Work Hardening uses work (real or simulated) as a treatment modality.

Occupational Rehabilitation Mapping Guidelines

If your actual cost center's patient population is less than 80% occupational rehabilitation, this department may not be an appropriate choice.

Occupational Rehabilitation Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.
**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.
Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Occupational Rehabilitation Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.
Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Exercise Physiologist
Total hours worked by exercise physiologists.
This is a subset of Worked Hours: Staff.

Worked Hours: Hand Therapist
Total hours worked by licensed hand therapists.
This is a component of Worked Hours: Therapist.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist
Total hours worked by licensed occupational therapists.
This is a component of Worked Hours: Therapist.

Worked Hours: OT Assistant
Total hours worked by licensed occupational therapy assistants.
This is a component of Worked Hours: Therapy Assistant.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.
This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physical Therapist

Total hours worked by licensed physical therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: PT Assistant

Total hours worked by licensed physical therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Therapist

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: Therapy Assistant

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

Worked Hours: Vocational Counselor

Total hours worked by licensed vocational counselors.

This is a subset of Worked Hours: Staff.

Occupational Rehabilitation Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Occupational Rehabilitation Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
• Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

Occupational Rehabilitation Normalizations

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
• Case Management (manages patient care while the patient is undergoing treatment)
• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
• PPS (Prospective Payment System) Coordinator
• Rehab Services Patient Scheduling
• Repair and Maintenance of Clinical Equipment/Rooms
• Social Workers
• Transport of patients not requiring clinical escort

04840, Sports Medicine Therapies

This department provides evaluation and treatment of outpatients, primarily injured athletes with sports-related injuries. The purpose of this department includes rehabilitating current injuries, improving athletes’ performance and helping maximize athletic potential.

Sports Medicine Mapping Guidelines

If your actual cost center’s patient population is less than 80% sports medicine, this department may not be an appropriate choice.

Sports Medicine Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.
Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

**Service Units**

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

**Total Evaluations**

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Sports Medicine Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Athletic Trainer**

Total hours worked by athletic trainers.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Therapist

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

Worked Hours: Therapy Assistant

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

Sports Medicine Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Sports Medicine Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

Sports Medicine Normalizations
Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department's day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
- Case Management
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
- PPS (Prospective Payment System) Coordinator
- Rehab Services Patient Scheduling
- Repair and Maintenance of Clinical Equipment/Rooms
- Social Workers
- Transport of patients not requiring clinical escort

04850, Recreational Therapy

This department provides social and physical rehabilitation or maintenance to acute rehab, long term and/or custodial patients through integration into recreational endeavors.
Recreational Therapy Mapping Guidelines

If your actual cost center's patient population is less than 80% recreational therapy, this department may not be an appropriate choice.

Recreational Therapy Workload

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.
Group Therapy Sessions
Total patient group therapy sessions supported by department staff. Group therapy sessions are the treatment of more than one patient concurrently. The total sessions are a count of the sessions not the patients.

Hours of Operation per Week
The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Inpatient Baseline Billed Time Units (BTUs)
Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

Inpatient Department Specific Billed Time Units (BTUs)
Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

Inpatient Procedures
Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

Inpatient Visits
Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.
Length of Stay (LOS) Efficiency
The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments
The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled
Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient No Shows
The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits
Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)
Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).
Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Psychiatric Patient Days Served

Total number of psych patient days spent in units serviced by the department staff.

Rehabilitation Inpatient Visits

Total rehabilitation patient encounters performed in support of facility inpatients.

This is a subset of Inpatient Visits.

Rehabilitation Patient Days Served

Total number of rehab patient days spent in units serviced by department staff.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.
**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Recreational Therapy Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid by physicians/providers on the department’s payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Exercise Physiologist**

Total hours worked by exercise physiologists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physical Therapist**

Total hours worked by licensed physical therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Recreation Therapist**

Total hours worked by licensed recreational therapists.
This is a component of Worked Hours: Therapists.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Recreational Therapy Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Recreational Therapy Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Procedures
Rehabilitation Services

- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Psychiatric Patient Days Served
- Rehabilitation Patient Days Served
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

Recreational Therapy Normalizations

Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
- Case Management (manages patient care while the patient is undergoing treatment)
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

• Transport of patients not requiring clinical escort

04860, Speech Language Pathology and Audiology Combined

This department provides evaluation and therapy to inpatients and/or outpatients of all ages with speech, language, and swallowing dysfunction and hearing dysfunction (i.e. speech language pathology and audiology functions).

Speech Language Pathology and Audiology Combined Mapping Guidelines

If your actual cost center's patient population is less than 80% related to communication disorders (speech language pathology and audiology), this department may not be an appropriate choice. Other options might be 04861 Speech Language Pathology: Inpatient & Outpatient, 04862 Audiology, and/or G4800 Other Rehabilitation Therapies Services.
Speech Language Pathology and Audiology Combined Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.
**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

**Inpatient Department Specific Billed Time Units (BTUs)**

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

**Inpatient Dept Specific Evaluation Billed Time Units (BTUs)**

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

**Inpatient Evaluations**

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.
This is a subset of Total Procedures.

**Inpatient Visits**

Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

**Length of Stay (LOS) Efficiency**

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

*Note:* This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.
Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.
Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Speech Language Pathology and Audiology Combined Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).

This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Speech Language Pathology and Audiology Combined Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense
Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Speech Language Pathology and Audiology Combined Mandatory Elements
The following data elements are mandatory for this department:

- APC Relative Weight
• Days of Operation per Week
• Hours of Operation per Week
• Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

**Speech Language Pathology and Audiology Combined Normalizations**

Include the hours costs and volumes associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes associated with:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

• Transport of patients not requiring clinical escort

04861, Speech Language Pathology: Inpatient and Outpatient

This department provides evaluation and therapy to inpatients and/or outpatients with speech and/or swallowing dysfunction.

Speech Language Pathology: Inpatient and Outpatient Mapping Guidelines

If your actual cost center's patient population is less than 80% speech language pathology services for inpatients and outpatients, this department may not be an appropriate choice. Other options might include 04860 Communication Disorders department, 04862 Audiology, and/or G4800 Other Rehabilitation Therapies Services.
Speech Language Pathology: Inpatient and Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.
**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

**Inpatient Department Specific Billed Time Units (BTUs)**

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

**Inpatient Dept Specific Evaluation Billed Time Units (BTUs)**

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

**Inpatient Evaluations**

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.
Inpatient Visits

Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.
**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.
**Service Units**

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

**Total Evaluations**

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Speech Language Pathology: Inpatient and Outpatient Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid by physicians/providers on the department’s payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Occupational Therapist**

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).

This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Speech Language Pathology: Inpatient and Outpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Speech Language Pathology: Inpatient and Outpatient Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
• Days of Operation per Week
• Hours of Operation per Week
• Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

Speech Language Pathology: Inpatient and Outpatient Normalizations

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

- PPS (Prospective Payment System) Coordinator

- Rehab Services Patient Scheduling

- Repair and Maintenance of Clinical Equipment/Rooms

- Social Workers

- Transport of patients not requiring clinical escort

**04862, Audiology**

This department provides evaluation and therapy to inpatients and/or outpatients with hearing dysfunction.

**Audiology Mapping Guidelines**

If your actual cost center's patient population is less than 80% audiology services for inpatients and/or outpatients, this department may not be an appropriate choice. Other options might include 04860 Communication Disorders department, 04861 Speech Language Pathology: Inpatient & Outpatient, and/or G4800 Other Rehabilitation Therapies Services.

**Audiology Workload Volumes**

**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
Baseline Billed Time Units (BTUs)
Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index
The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week
Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)
Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)
Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week
The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Inpatient Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

Inpatient Department Specific Billed Time Units (BTUs)

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

Inpatient Dept Specific Evaluation Billed Time Units (BTUs)

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

Inpatient Evaluations

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

Inpatient Visits

Total patient encounters performed in support of facility inpatients.
This is a subset of Patient Visits.

**Length of Stay (LOS) Efficiency**

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

*Note:* This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.
This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

**Service Units**

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.
Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Audiology Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Therapist

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.
**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Audiology Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Audiology Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

Audiology Normalizations

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
• Case Management (manages patient care while the patient is undergoing treatment)
• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
• PPS (Prospective Payment System) Coordinator
• Rehab Services Patient Scheduling
• Repair and Maintenance of Clinical Equipment/Rooms
• Social Workers
• Transport of patients not requiring clinical escort

04863, Speech Language Pathology: Inpatient

This department provides evaluation and therapy to inpatients of all ages with speech, language, social communication, cognitive-communication, and/or swallowing disorders.

Speech Language Pathology: Inpatient Mapping Guidelines

If your actual cost center’s patient population is less than 95% speech language pathology services for inpatients only, this department may not be an appropriate choice. Other options might include 04861 Speech Language Pathology: Inpatient & Outpatient, 04860 Speech Language Pathology and Audiology Combined department, 04862 Audiology, and/or G4800 Other Rehabilitation Therapies Services.

Speech Language Pathology: Inpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare & Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the support tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor. NOTE: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).
Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor. NOTE: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.
Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as the Procedure Counting section in the DRM for more information.

Speech Language Pathology: Inpatient Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).

This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.
Speech Language Pathology: Inpatient Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense

Speech Language Pathology: Inpatient Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Procedures: Inpatient
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

Speech Language Pathology: Inpatient Normalizations

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
• Case Management (manages patient care while the patient is undergoing treatment)
• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
• PPS (Prospective Payment System) Coordinator
• Rehab Services Patient Scheduling
• Repair and Maintenance of Clinical Equipment/Rooms
• Social Workers
• Transport of patients not requiring clinical escort

04864, Speech Language Pathology: Outpatient

This department provides evaluation and therapy to outpatients of all ages with speech, language, social communication, cognitive-communication, and/or swallowing disorders.

Speech Language Pathology: Outpatient Mapping Guidelines

If your actual cost center’s patient population is less than 95% speech language pathology services for outpatients only, this department may not be an appropriate choice. Other options might include 04861 Speech Language Pathology: Inpatient & Outpatient, 04860 Speech Language Pathology and Audiology Combined department, 04862 Audiology, and/or G4800 Other Rehabilitation Therapies Services.

Speech Language Pathology: Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare & Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the support tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor. NOTE: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

Total number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor. NOTE: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as the Procedure Counting section in the DRM for more information.

Speech Language Pathology: Outpatient Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).

This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.
Speech Language Pathology: Outpatient Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Speech Language Pathology: Outpatient Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
• Worked Hours: Physician Provider

• Worked Hours: Staff

• Worked Hours: Therapist

**Speech Language Pathology: Outpatient Normalizations**

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

• Transport of patients not requiring clinical escort
**04870, PT/OT/SLP Combined: Inpatient and Outpatient**

This department provides inpatient and outpatient rehabilitation therapy for all modalities, including but not limited to, physical therapy, occupational therapy, and speech language pathology.

**PT/OT/SLP Combined: Inpatient and Outpatient Mapping Guidelines**

If your actual cost center's patient population is less than 80% inpatient and/or outpatient rehabilitation therapies for physical, occupational and speech modalities combined, this department may not be an appropriate choice. Other options might include the G4800, Other Rehabilitation Therapies Services department.

**PT/OT/SLP Combined: Inpatient and Outpatient Workload Volumes**

**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

**Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

**Case Mix Group (CMG) Index**

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

**Note:** This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Inpatient Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

Inpatient Department Specific Billed Time Units (BTUs)

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

Inpatient Dept Specific Evaluation Billed Time Units (BTUs)

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.
This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

Inpatient Evaluations
Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

Inpatient Procedures
Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

Inpatient Visits
Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

Length of Stay (LOS) Efficiency
The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments
The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled
Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

PT/OT/SLP Combined: Inpatient and Outpatient Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: OT Assistant

Total hours worked by licensed occupational therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physical Therapist**

Total hours worked by licensed physical therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: PT Assistant**

Total hours worked by licensed physical therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

**Worked Hours: Recreation Therapist**

Total hours worked by licensed recreational therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).
This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**PT/OT/SLP Combined: Inpatient and Outpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**PT/OT/SLP Combined: Inpatient and Outpatient Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

**PT/OT/SLP Combined: Inpatient and Outpatient Normalizations**

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
- PPS (Prospective Payment System) Coordinator
- Rehab Services Patient Scheduling
- Repair and Maintenance of Clinical Equipment/Rooms
- Social Workers
- Transport of patients not requiring clinical escort

**04871, PT/OT/SLP Combined: Inpatient**

This department provides inpatient rehabilitation therapy for all modalities, including but not limited to, physical therapy, occupational therapy, and speech language pathology.

**PT/OT/SLP Combined: Inpatient Mapping Guidelines**

If your actual cost center’s patient population is less than 95% inpatient rehabilitation therapies for physical, occupational and speech modalities combined, this department may not be an appropriate choice. Other options might include the G4800, Other Rehabilitation Therapies Services department.

**PT/OT/SLP Combined: Inpatient Workload Volumes**

The following data elements are mandatory for this department:

- Baseline Billed Time Units (BTUs)
- Department Specific Billed Time Units (BTUs)
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

**APC Relative Weight**

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

**Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

**Case Mix Group (CMG) Index**

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

**Note:** This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Days of Operation per Week**

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.
Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

PT/OT/SLP Combined: Inpatient Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: OT Assistant

Total hours worked by licensed occupational therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physical Therapist**

Total hours worked by licensed physical therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: PT Assistant**

Total hours worked by licensed physical therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

**Worked Hours: Recreation Therapist**

Total hours worked by licensed recreational therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).
This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**PT/OT/SLP Combined: Inpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**PT/OT/SLP Combined: Inpatient Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
• Labor Expense: Physician Provider
• Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff
• Worked Hours: Therapist

**PT/OT/SLP Combined: Inpatient Normalizations**

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department's day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)

• Case Management (manages patient care while the patient is undergoing treatment)

• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

• Transport of patients not requiring clinical escort

04872, PT/OT/SLP Combined: Outpatient

This department provides outpatient rehabilitation therapy for all modalities, including but not limited to, physical therapy, occupational therapy, and speech language pathology.

PT/OT/SLP Combined: Outpatient Mapping Guidelines

If your actual cost center's patient population is less than 95% outpatient rehabilitation therapies for physical, occupational and speech modalities combined, this department may not be an appropriate choice. Other options might include the G4800, Other Rehabilitation Therapies Services department.

PT/OT/SLP Combined: Outpatient Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.
Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

**Service Units**

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

**Total Evaluations**

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**PT/OT/SLP Combined: Outpatient Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider
Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Occupational Therapist
Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: OT Assistant
Total hours worked by licensed occupational therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.
This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physical Therapist

Total hours worked by licensed physical therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: PT Assistant

Total hours worked by licensed physical therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

Worked Hours: Recreation Therapist

Total hours worked by licensed recreational therapists.

This is a component of Worked Hours: Therapist.

Worked Hours: Speech-Language Pathologists (non-MD)

Total hours worked by licensed speech and/or language pathologists (non MD).
This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**PT/OT/SLP Combined: Outpatient Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.
This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**PT/OT/SLP Combined: Outpatient Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

**PT/OT/SLP Combined: Outpatient Normalizations**

Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
- Case Management (manages patient care while the patient is undergoing treatment)
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture

• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rrooms

• Social Workers

• Transport of patients not requiring clinical escort

04899, Rehabilitation Services Administration and Support

This department performs the overall administrative and general support tasks for the entire Rehabilitation Services series. These tasks and functions include but are not limited to, administration, clerical, reception, and scheduling.

Rehabilitation Services Administration and Support Mapping Guidelines

If your actual cost center(s) capture less than 80% of the administration and support activities and expenses for all of Rehabilitation therapies, this department may not be an appropriate choice. Other options might include the G4800, Other Rehabilitation Therapies Services department.

Rehabilitation Services Administration and Support Workload Volumes

APC Relative Weight Supported

The APC Relative Weight Supported is based on the weights published by The Centers for Medicare & Medicaid Services (CMS). Report relative weights for procedures supported by the department. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the APC weights for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.
Baseline Billed Time Units (BTUs) Supported

Total baseline billed time units (BTUs) performed by all rehabilitation services departments and supported by this department staff. The baseline billed time unit count is the sum of all Baseline Billed Time Units recorded in Column 9 of the Rehabilitation Services Worksheet which can be found on the Support Page of ActionOI.

Department Specific Billed Time Units (BTUs) Supported

Total Department Billed Time Units (BTUs) performed by all rehabilitation services departments and supported by this department staff. The Department Billed Time Unit count is the sum of all Department Billed Time Units recorded in Column 6 on the Rehabilitation Services Worksheet that can be found on the Support tab of ActionOI.

Inpatient Procedures Supported

Count all procedures supported performed on inpatients by the department for the reporting period. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the inpatient procedures for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of Procedures Supported.

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.
Patient Visits Supported

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, dietitian, social worker) during the same visit the count should be recorded as one visit.

Procedures Supported

Count all procedures that are supported by the department for the reporting period. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the total procedures for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

Service Units Supported

Total service units performed by all rehabilitation services departments and supported by this department staff. The service unit count is the sum of all Service Units recorded in Column 12 of the Rehabilitation Services Worksheet available on the Support Page.

Rehabilitation Services Administration and Support Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Rehabilitation Services Administration and Support Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Rehabilitation Services Administration and Support Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- APC Relative Weight Supported
- Inpatient Procedures Supported
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Procedures Supported
• Worked Hours: Physician Provider
• Worked Hours: Staff

Rehabilitation Services Administration and Support Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
• Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)
• PPS (Prospective Payment System) Coordinator
• Rehab Services Patient Scheduling

Exclude the hours costs and volumes (where applicable) associated with the

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)
• Repair and Maintenance of Clinical Equipment/Rooms

F4800, Rehabilitation Therapies Functional Rollup

This department includes all rehabilitation services administration, physical medicine (such as physical therapy, occupational therapy, and speech language pathology), and clinical and non-clinical support functions dedicated to patient rehabilitation regardless of reporting relationship.
Rehabilitation Therapies Functional Rollup Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.

Department Specific Evaluation Billed Timed Units (BTUs)

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

Group Therapy Sessions

Total patient group therapy sessions supported by department staff. Group therapy sessions are the treatment of more than one patient concurrently. The total sessions are a count of the sessions not the patients.
Inpatient Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

Inpatient Department Specific Billed Time Units (BTUs)

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

Inpatient Dept Specific Evaluation Billed Time Units (BTUs)

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).

Inpatient Evaluations

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

Inpatient Visits

Total patient encounters performed in support of facility inpatients.
This is a subset of Patient Visits.

**Length of Stay (LOS) Efficiency**

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

**Note:** This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

**Missed Appointments**

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

**Patient Appointments Scheduled**

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Patient No Shows**

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

**Patient Visits**

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

**Pediatric Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.
This is a component of Baseline Billed Time Units (BTUs).

**Pediatric Evaluations**

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

**Pediatric Procedures**

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.

**Pediatric Visits**

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

**Pre and Post Activity Time Units**

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

**Rehabilitation Inpatient Visits**

Total rehabilitation patient encounters performed in support of facility inpatients.

This is a subset of Inpatient Visits.
Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Rehabilitation Therapies Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Athletic Trainer

Total hours worked by athletic trainers.

This is a subset of Worked Hours: Staff.

Worked Hours: Exercise Physiologist

Total hours worked by exercise physiologists.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Therapy Assistant**

Total hours worked by certified therapy assistants.

This is a subset of Worked Hours: Staff.

**Worked Hours: Vocational Counselor**

Total hours worked by licensed vocational counselors.

This is a subset of Worked Hours: Staff.

**Rehabilitation Therapies Functional Rollup Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals orconsults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical/surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.
**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Rehabilitation Therapies Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist
G4800, Other Rehabilitation Therapies Services

This generic department includes all cost centers belonging to Rehabilitation Services that cannot be mapped to individual rehabilitation therapy departments.

Other Rehabilitation Therapies Services Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs) represent billable workload which is routinely performed in rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet that can be accessed in the Support Tab.

Case Mix Group (CMG) Index

The average Case Mix Group relative weight, based on the most recently published CMS values, for all inpatients admitted to the Inpatient Rehabilitation Unit (IRF) during the reporting period. This value may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Days of Operation per Week

Total number of days the department is open for operation during the week.

The maximum number that can be reported is 7.

Department Specific Billed Time Units (BTUs)

Department Specific Total Billed Time Units (BTUs) represent all billable workload performed by the department staff. These may include billable time units for which the department charges and captures on the worksheet, including any unlisted procedures. The Department Specific Billed Time Units (BTUs) count is the sum of all Department Specific Billed Time Units (BTUs) recorded on the Rehabilitation Services Worksheet available in the support tab.
**Department Specific Evaluation Billed Timed Units (BTUs)**

Represents the sum of the evaluation billed time units (BTUs) performed by the department staff as calculated on the Rehabilitation Services Worksheet. The sum of Department Specific Evaluation BTUs associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Department Specific BTUs.

**Group Therapy Sessions**

Total patient group therapy sessions supported by department staff. Group therapy sessions are the treatment of more than one patient concurrently. The total sessions are a count of the sessions not the patients.

**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Inpatient Baseline Billed Time Units (BTUs)**

Baseline Billed Time Units (BTUs): Inpatients is the sum of all billable workload performed by the department staff in support of facility inpatients. Baseline BTUs represent the standard time value for workload performed in the department as recorded on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Baseline BTUs.

**Inpatient Department Specific Billed Time Units (BTUs)**

Department Specific Billed Time Units (BTUs): Inpatient is the sum of all billable workload performed by the department staff in support of facility inpatients. These Inpatient Department Specific BTUs may include billable items for which the department charges but which are not itemized on the Rehabilitation Services Workload Computation Worksheet available in the Support Tab.

This is a subset of Total Department Specific BTUs.

**Inpatient Dept Specific Evaluation Billed Time Units (BTUs)**

Billed time units (BTUs) for evaluations performed by department staff in support of facility inpatients. The value is the sum of the inpatient evaluation billed time units (BTUs) associated with the evaluation CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Department Specific Evaluation Billed Timed Units (BTUs).
Inpatient Evaluations

Total evaluations performed by the department staff in support of facility inpatients. The sum of the number of inpatient evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Evaluations.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting here in the DRM for more information.

This is a subset of Total Procedures.

Inpatient Visits

Total patient encounters performed in support of facility inpatients.

This is a subset of Patient Visits.

Length of Stay (LOS) Efficiency

The aggregate Functional Independence Measurement instrument (FIM) point gain by all patients on acute rehabilitation unit divided by the total patient days on the unit. This value should correspond to the reporting quarter and may be obtained through the data calculated by UDSmr or a similar vendor.

Note: This value should be BLANK if your facility does not have an Inpatient Rehabilitation Unit (IRF).

Missed Appointments

The number of missed patient appointments which occurred as a result of a patient, staff member(s) including a physician, provider, and/or specialist, equipment, room, and/or other resource that is unavailable, for any reason, at the scheduled time for a specific patient service.

This is a subset of Patient Appointments Scheduled.

Patient Appointments Scheduled

Total number of patient appointments scheduled for the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.
Patient No Shows

The total number of patients who did not appear, for any reason, for a scheduled appointment including cancellation, non appearance or reschedule less than 24 hours prior to the appointment during the reporting period.

This is a subset of Missed Appointments.

Patient Visits

Total separate patient encounters supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

Pediatric Baseline Billed Time Units (BTUs)

Baseline Billed Time Units (BTUs): Pediatric represent billable workload which was performed on pediatric patients by the rehabilitation departments. The Baseline Billed Time Unit count is the sum of all Baseline Billed Time Units recorded on the Rehabilitation Services Worksheet available on the Support Tab.

This is a component of Baseline Billed Time Units (BTUs).

Pediatric Evaluations

Total evaluations performed on pediatric patients by the department staff during the reporting period. The sum of the number of evaluations performed on pediatric patients associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a component of Total Evaluations and Total Procedures.

Pediatric Procedures

Total count all procedures (including evaluations) performed on pediatric patients by the department for the reporting period. It is recommended that this value be populated by referring to the Rehabilitation Services Worksheet available on the Support Page.

This is a component of Total Procedures.
Pediatric Visits

Total separate pediatric patient encounters performed and/or supported by department staff. Such encounters might include initial examination, treatment or educational sessions, and follow-up visits for continuing treatment of the same malady or complaint. Exclude group therapy sessions. If the patient is seen by multiple providers (e.g., physician, therapist, dietitian, social worker) during the same visit the count should be recorded as one visit.

This is a subset of Patient Visits.

Pre and Post Activity Time Units

The number of 15-minute units a therapy professional spends preparing for a treatment/procedure and any post treatment/procedure time spent charting and report completion. This does not include face-to-face time with the patient. It is the sum of Pre and Post Activity Time Units recorded in Column 14 on the Rehabilitation Services Worksheet available on the Support Page.

Rehabilitation Inpatient Visits

Total rehabilitation patient encounters performed in support of facility inpatients.

This is a subset of Inpatient Visits.

Service Units

The number of 15-minute units necessary for the therapy professional to complete the service/treatment/procedure (face to face time with the patient). It is the result of column 6 Total Department-Specific BTUs divided by 15. Refer to the Rehabilitation Services Worksheet available on the Support Page for assistance in reporting this element.

Total Evaluations

Total evaluations performed by the department staff. The sum of the number of evaluations associated with CPT codes designated with an asterisk (*) in Column Evaluation codes in the Rehabilitation Services Worksheet available in the Support Tab.

This is a subset of Total Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Other Rehabilitation Therapies Services Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider
Total hours paid by physicians/providers on the department's payroll who provide clinical services. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who are billed by the facility on a CMS 1500 Form. Include only physicians/providers on the facility payroll who spend 80% or more of their time in clinical or patient care activities. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Athletic Trainer
Total hours worked by athletic trainers.

This is a subset of Worked Hours: Staff.

Worked Hours: Exercise Physiologist
Total hours worked by exercise physiologists.

This is a subset of Worked Hours: Staff.

Worked Hours: Hand Therapist
Total hours worked by licensed hand therapists.

This is a component of Worked Hours: Therapist.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Occupational Therapist**

Total hours worked by licensed occupational therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: OT Assistant**

Total hours worked by licensed occupational therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. rehab/therapy technician or aide, nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care department personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Physical Therapist**

Total hours worked by licensed physical therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: PT Assistant**

Total hours worked by licensed physical therapy assistants.

This is a component of Worked Hours: Therapy Assistant.

**Worked Hours: Recreation Therapist**

Total hours worked by licensed recreational therapists.

This is a component of Worked Hours: Therapist.

**Worked Hours: Speech-Language Pathologists (non-MD)**

Total hours worked by licensed speech and/or language pathologists (non MD).

This is a component of Worked Hours: Therapist.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Therapist**

Total hours worked by licensed therapists.

This is a subset of Worked Hours: Staff.
Worked Hours: Therapy Assistant
  Total hours worked by certified therapy assistants.

  This is a subset of Worked Hours: Staff.

Worked Hours: Vocational Counselor
  Total hours worked by licensed vocational counselors.

  This is a subset of Worked Hours: Staff.

Other Rehabilitation Therapies Services Expense Elements

Labor Expense
  Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
  Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

  This is a subset of Labor Expense.

Medical Supply Expense
  Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

  This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
  Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Other Rehabilitation Therapies Services Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Days of Operation per Week
- Hours of Operation per Week
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff
- Worked Hours: Therapist

**Other Rehabilitation Therapies Services Normalizations**

Include the hours costs and volumes (where applicable) associated with:

- Personnel performing the functions of the department’s day to day managerial operations (Rehabilitation)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program (Rehabilitation Services)
- Case Management (manages patient care while the patient is undergoing treatment)
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture
- Patient reception, e.g., greeting, checking in of patients, answering phone calls (Rehabilitation)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Rehabilitation)

• PPS (Prospective Payment System) Coordinator

• Rehab Services Patient Scheduling

• Repair and Maintenance of Clinical Equipment/Rooms

• Social Workers

• Transport of patients not requiring clinical escort

Rehabilitation Services Worksheet

The Workload Computation worksheets are used to calculate staff output. The worksheets calculate procedure activity for the calculation of BTUs (billed time units). Count only actual procedures (relevant CPT codes) for the procedure count. Non-procedure charges such as supply, time charges, set-up charges, computer processing charges or other miscellaneous non-procedure charges should not be counted. Do not include physician service codes in the procedure count.

The worksheets are Microsoft Excel spreadsheets. The worksheets contain all necessary computational formulas.

The following worksheet can be found on the Support tab of ActionOI.

• Rehabilitation Services Worksheet
Chapter 36. Respiratory and Pulmonary Care Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 04110, Respiratory Care 2043
- 04120, Pulmonary Diagnostics 2054
- 04130, Respiratory Care and Pulmonary Diagnostics Combined 2062
- 04199 Respiratory and Pulmonary Care Administration and Support 2072
- F4100, Respiratory and Pulmonary Care Services Functional Rollup 2076
- G4100, Other Respiratory/Pulmonary Services 2085
- Respiratory and Pulmonary Care Services Worksheets 2093

04110, Respiratory Care

This department provides services to patients of all ages with cardiorespiratory impairments in the acute care setting. Services consist of treatment interventions to administer aerosolized medication and facilitate secretion clearance, to support ventilation through invasive and non-invasive devices, and to provide critical monitoring inclusive of gas exchange, oxygenation, and other physiologic metrics. Department activities include, but are not limited to: (1) Diagnostic testing (i.e. Blood Gas, Bronchoscopy, sputum induction, PFT, etc.); (2) Therapeutic modalities: (i.e. bronchial hygiene, chest physiotherapy, etc.); (3) Administration of inhaled medications including oxygen; (4) Airway management; (5) Management of invasive and non-invasive ventilation including intra- and inter-hospital transport; and (6) Patient evaluation, care planning, and teaching. Support functions such as respiratory research, biomedical equipment repair, program management for respiratory care outside of the department, and medical informatics should be excluded.
Respiratory Care Mapping Guidelines

To map to this department, at least 80% of procedures (billable and non-billable) must be respiratory therapy. If more than 20% of procedures are pulmonary diagnostic, map your cost center(s) to the 04130, Respiratory Care and Pulmonary Diagnostics Combined department.

Respiratory Care Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Bedside Pulmonary Function Procedures

Total number of bedside pulmonary function procedures performed for this reporting period.

This is a component of Pulmonary Function Procedures.

Body Plethysmography Procedures

Total number of Body Plethysmograph procedures performed for the reporting period. Body plethysmography is used for measuring thoracic gas volume and airways resistance.

This is a component of Pulmonary Function Procedures.

Bronchial Hygiene Procedures

Total number of Bronchial Hygiene procedures performed for this reporting period. Bronchial hygiene activities are intended to improve the distribution of ventilation, including the application of technology and methods to facilitate removal of secretions from the airways, and/or the delivery of aerosolized medications.

This is a component of Billable Procedures.

Chest Physiotherapy Procedures

The number of Chest Physiotherapy (CPT) Treatments (such as HFCWA, IPV, Sonic therapy) performed for the reporting period.

This is a component of Total Procedures.
Days of Operation per Week
Total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Diffusion Capacity Procedures
Total number of Diffusion Capacity procedures performed for the reporting period. Diffusion capacity is a measurement of the lung's ability to transfer gases.

This is a component of Pulmonary Function Procedures.

Electrocardiography Procedures
Total number of Electrocardiography (ECG or EKG) procedures performed for the reporting period. Electrocardiography is a method of graphic tracing of the electric current generated by the heart muscle during a heartbeat. The tracing is recorded with an electrocardiograph and it provides information on the condition and performance of the heart.

This is a component of Total Procedures.

Hours Nitric Oxide Used
Total number of hours Nitric Oxide was used during the reporting period.

Hours of Operation per Week
Total number of hours per week that the department is open for routine business.

The maximum number that can be reported is 168.

In House Transports (15 mins)
Total number of in house transports for the reporting period. Count any patient accompanied by a respiratory therapist and transported throughout the facility (e.g., for diagnostic or interventional testing, operating room, admit from the ER to the floor, etc.). The duration/length of an in house transport can vary from facility to facility, so be sure to adjust your count based on 15-minute intervals.

Inpatient Procedures
Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.
Nitrogen Washout Procedures

Total number of nitrogen washout procedures performed for the reporting period. Nitrogen washout procedures are used to measure dead space in the lung during a respiratory cycle.

This is a component of Pulmonary Function Procedures.

Number of Unlisted Procedures

Number of procedures reported for CPT Codes 94799 and 37799.

This is a component of Total Procedures.

Off Site Transports

Total number of off site transports for the reporting period. An off site transport is when a patient is accompanied out of the facility for treatment (i.e. to another Medical Center or facility). Each round trip transport counts as one.

Patient Days Supported: Neonate Level III

Total patient days supported for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

Patient Days Supported: Neonate Level IV

Total patient days supported for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

Peak Flow Procedures

Total number of procedures performed for the reporting period which use a peak flow meter. Peak Flow Meters are used to measure air flow which provides patients with an early indication of an oncoming attack, for example, of exercise induced asthma, a type of asthma typically triggered by exercise.

This is a component of Pulmonary Function Procedures.
Pulmonary Function Procedures

Total number of Pulmonary Function (PFT) procedures performed for the reporting period. Include in this count any breathing tests that assist in the determination of how much air the lungs can hold, how quickly air moves in and out of the lungs, or how well the lungs exchange oxygen and carbon dioxide. PFTs included in the count may include but are not limited to tests that determine lung volumes, lung capacities and flow rates.

This is a component of Total Procedures.

Responses to Codes

Report the total number of emergency codes responded to by the department for any patient with cardio-respiratory distress or 'impending cardio-respiratory arrest.'

Spirometry Procedures

Total number of Spirometry procedures performed for the reporting period. Spirometry procedures produce a recording of the patient's ventilation under conditions involving both normal and maximal effort. The recording includes but is not limited to information regarding the volume of air moved and the rate at which it travels into and out of the lungs. Exclude Incentive Spirometry procedures from this count.

This is a component of Pulmonary Function Procedures.

Total Clinical Activities Time Standards (CATS)

Report the Total Clinical Activity Time Standards (CATS) for the department as calculated on the Respiratory and Pulmonary Care Minimum Data Set Worksheet located on the Support Page. For more information, please refer to the AARC Uniform Reporting Manual for Acute Care Hospitals - Fifth Edition, (Copyright 2012).

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Unlisted Procedures

Total number of procedures recorded for the reporting period for CPT Codes 37799 and 94799.

This is a component of Total Procedures.
**Ventilator Dependent Patient Days**

Total patient days requiring a ventilator support device (invasive and/or non-invasive), such as a Positive or Negative Pressure ventilator, a High Frequency Ventilator, BiPAP, or CPAP, to mechanically support or assist in the movement of air into the lungs, with or without an artificial airway.

For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

**Ventilator Dependent Patient Days: Invasive**

Total initial and subsequent patient days requiring an invasive ventilator support device to mechanically support or assist in the movement of air into the lungs. For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Ventilator Dependent Patient Days.

**Ventilator Dependent Patient Days: Non-Invasive**

Total initial and subsequent patient days requiring noninvasive ventilation (i.e. CPAP (acute), Bipap, and OSA) to mechanically support or assist in the movement of air into the lungs. For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Ventilator Dependent Patient Days.

**Ventilator Patients**

Report the total number of patients who required a ventilator support device (invasive and/or non-invasive) during the reporting period.
Respiratory Care Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical Staff

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Respiratory Care Revenue Elements**

**Gross Inpatient Charges**

Report the total gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees.

This is a subset of Gross Patient Charges.
Gross Patient Charges

Report the total gross patient charges for the reporting period. Include inpatient and outpatient charges. Report charges as the actual dollar amount. Exclude physician fees.

Respiratory Care Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Nitric Oxide Expense

Total Nitric Oxide Expense for the reporting period.

This is a subset of Medical Supply Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Respiratory Care Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
• Worked Hours: Physician Provider

• Worked Hours: Staff

**Respiratory Care Normalizations**

Include the hours costs and volumes (where applicable) associated with the

• Cleaning of ventilators

• Personnel performing the functions of the department’s day to day managerial operations (Respiratory and Pulmonary)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, residency program (Respiratory and Pulmonary)

• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)

• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations

• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

• Grant or research funded services

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Operating a hospital based School of Respiratory Care, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Education (formal classes like Asthma, Smoking Cessation, COPD Education)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Respiratory and Pulmonary)

• Repair and Maintenance of Clinical Equipment/Rooms

• Sleep studies
04120, Pulmonary Diagnostics

This department provides specialized diagnostic testing to identify the level of impairment of diseases that impact the pulmonary system, such as asthma, emphysema, pneumonia and other pulmonary diseases. Diagnostic tests include, but are not limited to measures of airflow, volume, pressure, as well as the diffusion and exchange of inhaled/exhaled gases. Department staff may be required to assist during bronchoscopy procedures.

Pulmonary Diagnostics Mapping Guidelines

To map to this department, at least 80% of procedures (billable and non-billable) must be pulmonary function tests, inclusive of inpatient and outpatient services. If more than 20% of procedures are respiratory therapy, map your cost center(s) to the 04130, Respiratory Care and Pulmonary Diagnostics Combined department.

Pulmonary Diagnostics Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Bedside Pulmonary Function Procedures

Total number of bedside pulmonary function procedures performed for this reporting period.

This is a component of Pulmonary Function Procedures.

Body Plethysmography Procedures

Total number of Body Plethysmograph procedures performed for the reporting period. Body plethysmography is used for measuring thoracic gas volume and airways resistance.

This is a component of Pulmonary Function Procedures.

Bronchial Hygiene Procedures

Total number of Bronchial Hygiene procedures performed for this reporting period. Bronchial hygiene activities are intended to improve the distribution of ventilation, including the application of technology and methods to facilitate removal of secretions from the airways, and/or the delivery of aerosolized medications.
This is a component of Billable Procedures.

**Chest Physiotherapy Procedures**

The number of Chest Physiotherapy (CPT) Treatments (such as HFCWA, IPV, Sonic therapy) performed for the reporting period.

This is a component of Total Procedures.

**Days of Operation per Week**

Total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

**Diffusion Capacity Procedures**

Total number of Diffusion Capacity procedures performed for the reporting period. Diffusion capacity is a measurement of the lung's ability to transfer gases.

This is a component of Pulmonary Function Procedures.

**Electrocardiography Procedures**

Total number of Electrocardiography (ECG or EKG) procedures performed for the reporting period. Electrocardiography is a method of graphic tracing of the electric current generated by the heart muscle during a heartbeat. The tracing is recorded with an electrocardiograph and it provides information on the condition and performance of the heart.

This is a component of Total Procedures.

**Hours of Operation per Week**

Total number of hours per week that the department is open for routine business.

The maximum number that can be reported is 168.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.
Nitrogen Washout Procedures

Total number of nitrogen washout procedures performed for the reporting period. Nitrogen washout procedures are used to measure dead space in the lung during a respiratory cycle.

This is a component of Pulmonary Function Procedures.

Number of Unlisted Procedures

Number of procedures reported for CPT Codes 94799 and 37799.

This is a component of Total Procedures.

Peak Flow Procedures

Total number of procedures performed for the reporting period which use a peak flow meter. Peak Flow Meters are used to measure air flow which provides patients with an early indication of an oncoming attack, for example, of exercise induced asthma, a type of asthma typically triggered by exercise.

This is a component of Pulmonary Function Procedures.

Pulmonary Function Procedures

Total number of Pulmonary Function (PFT) procedures performed for the reporting period. Include in this count any breathing tests that assist in the determination of how much air the lungs can hold, how quickly air moves in and out of the lungs, or how well the lungs exchange oxygen and carbon dioxide. PFTs included in the count may include but are not limited to tests that determine lung volumes, lung capacities and flow rates.

This is a component of Total Procedures.

Spirometry Procedures

Total number of Spirometry procedures performed for the reporting period. Spirometry procedures produce a recording of the patient's ventilation under conditions involving both normal and maximal effort. The recording includes but is not limited to information regarding the volume of air moved and the rate at which it travels into and out of the lungs. Exclude Incentive Spirometry procedures from this count.

This is a component of Pulmonary Function Procedures.

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.
Unlisted Procedures

Total number of procedures recorded for the reporting period for CPT Codes 37799 and 94799.

This is a component of Total Procedures.

Pulmonary Diagnostics Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical Staff

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Pulmonary Diagnostics Revenue Elements**
Gross Inpatient Charges

Report the total gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees.

This is a subset of Gross Patient Charges.

Gross Patient Charges

Report the total gross patient charges for the reporting period. Include inpatient and outpatient charges. Report charges as the actual dollar amount. Exclude physician fees.

Pulmonary Diagnostics Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Pulmonary Diagnostics Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight
- Billable Procedures (old)
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Pulmonary Diagnostics Normalizations**

Include the hours and costs associated with the following function:

• Personnel performing the functions of the department’s day to day managerial operations (Respiratory and Pulmonary)

Exclude the hours and costs associated with the following function:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, residency program (Respiratory and Pulmonary)

• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations

• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing

• Grant or research funded services

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Education (formal classes like Asthma, Smoking Cessation, COPD Education)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Respiratory and Pulmonary)

• Repair and Maintenance of Clinical Equipment/Rooms

• Sleep studies
04130, Respiratory Care and Pulmonary Diagnostics Combined

This department provides services to patients of all ages with respiratory and pulmonary impairments in the acute care setting. Department activities include, but are not limited to:

1. Diagnostic testing (i.e. Blood Gas, Bronchoscopy, sputum induction, PFT, measures of airflow, volume, pressure, as well as the diffusion and exchange of inhaled/exhaled gases, etc.)
2. Therapeutic modalities: (i.e. bronchial hygiene, chest physiotherapy, etc.)
3. Administration of inhaled medications including oxygen
4. Airway management
5. Management of invasive and non-invasive ventilation including intra- and inter-hospital transport
6. Patient evaluation, care planning, and teaching.

Department staff may be required to assist during bronchoscopy procedures. Support functions such as respiratory research, biomedical equipment repair, program management for respiratory care outside of the department, and medical informatics should be excluded.

Respiratory Care and Pulmonary Diagnostics Combined Mapping Guidelines

To map to this department, at least 90% of procedures (billable and non-billable) must be a combination of respiratory therapy and/or pulmonary diagnostic. If you have separate and distinct cost centers for Respiratory Care and Pulmonary Diagnostics, you should map them individually to the 04110, Respiratory Care department and the 04120, Pulmonary Diagnostic department.

Respiratory Care and Pulmonary Diagnostics Combined Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Bedside Pulmonary Function Procedures

Total number of bedside pulmonary function procedures performed for this reporting period.

This is a component of Pulmonary Function Procedures.
**Body Plethysmography Procedures**

Total number of Body Plethysmograph procedures performed for the reporting period. Body plethysmography is used for measuring thoracic gas volume and airways resistance.

This is a component of Pulmonary Function Procedures.

**Bronchial Hygiene Procedures**

Total number of Bronchial Hygiene procedures performed for this reporting period. Bronchial hygiene activities are intended to improve the distribution of ventilation, including the application of technology and methods to facilitate removal of secretions from the airways, and/or the delivery of aerosolized medications.

This is a component of Billable Procedures.

**Chest Physiotherapy Procedures**

The number of Chest Physiotherapy (CPT) Treatments (such as HFCWA, IPV, Sonic therapy) performed for the reporting period.

This is a component of Total Procedures.

**Days of Operation per Week**

Total number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

**Electrocardiography Procedures**

Total number of Electrocardiography (ECG or EKG) procedures performed for the reporting period. Electrocardiography is a method of graphic tracing of the electric current generated by the heart muscle during a heartbeat. The tracing is recorded with an electrocardiograph and it provides information on the condition and performance of the heart.

This is a component of Total Procedures.

**Hours Nitric Oxide Used**

Total number of hours Nitric Oxide was used during the reporting period.

**Hours of Operation per Week**

Total number of hours per week that the department is open for routine business.
The maximum number that can be reported is 168.

**In House Transports (15 mins)**

Total number of in house transports for the reporting period. Count any patient accompanied by a respiratory therapist and transported throughout the facility (e.g., for diagnostic or interventional testing, operating room, admit from the ER to the floor, etc.). The duration/length of an in house transport can vary from facility to facility, so be sure to adjust your count based on 15-minute intervals.

**Inpatient Procedures**

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

**Nitric Oxide Patients**

Total number of patients receiving nitric oxide therapy during the reporting period.

**Nitrogen Washout Procedures**

Total number of nitrogen washout procedures performed for the reporting period. Nitrogen washout procedures are used to measure dead space in the lung during a respiratory cycle.

This is a component of Pulmonary Function Procedures.

**Number of Unlisted Procedures**

Number of procedures reported for CPT Codes 94799 and 37799.

This is a component of Total Procedures.

**Off Site Transports**

Total number of off site transports for the reporting period. An off site transport is when a patient is accompanied out of the facility for treatment (i.e. to another Medical Center or facility). Each round trip transport counts as one.
Patient Days Supported: Neonate Level III

Total patient days supported for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

Patient Days Supported: Neonate Level IV

Total patient days supported for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

Peak Flow Procedures

Total number of procedures performed for the reporting period which use a peak flow meter. Peak Flow Meters are used to measure air flow which provides patients with an early indication of an oncoming attack, for example, of exercise induced asthma, a type of asthma typically triggered by exercise.

This is a component of Pulmonary Function Procedures.

Pulmonary Function Procedures

Total number of Pulmonary Function (PFT) procedures performed for the reporting period. Include in this count any breathing tests that assist in the determination of how much air the lungs can hold, how quickly air moves in and out of the lungs, or how well the lungs exchange oxygen and carbon dioxide. PFTs included in the count may include but are not limited to tests that determine lung volumes, lung capacities and flow rates.

This is a component of Total Procedures.

Responses to Codes

Report the total number of emergency codes responded to by the department for any patient with cardio-respiratory distress or ‘impending cardio-respiratory arrest.’

Spirometry Procedures

Total number of Spirometry procedures performed for the reporting period. Spirometry procedures produce a recording of the patient’s ventilation under conditions involving both normal and maximal effort. The recording includes but is not limited to information regarding the volume of air moved and the rate at which it travels into and out of the lungs. Exclude Incentive Spirometry procedures from this count.
This is a component of Pulmonary Function Procedures.

**Total Clinical Activities Time Standards (CATS)**

Report the Total Clinical Activity Time Standards (CATS) for the department as calculated on the Respiratory and Pulmonary Care Minimum Data Set Worksheet located on the Support Page. For more information, please refer to the AARC Uniform Reporting Manual for Acute Care Hospitals - Fifth Edition, (Copyright 2012).

**Total Procedures**

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Unlisted Procedures**

Total number of procedures recorded for the reporting period for CPT Codes 37799 and 94799.

This is a component of Total Procedures.

**Ventilator Dependent Patient Days**

Total patient days requiring a ventilator support device (invasive and/or non-invasive), such as a Positive or Negative Pressure ventilator, a High Frequency Ventilator, BiPAP, or CPAP, to mechanically support or assist in the movement of air into the lungs, with or without an artificial airway.

For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

**Ventilator Dependent Patient Days: Invasive**

Total initial and subsequent patient days requiring an invasive ventilator support device to mechanically support or assist in the movement of air into the lungs. For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.
This is a subset of Ventilator Dependent Patient Days.

**Ventilator Dependent Patient Days: Non-Invasive**

Total initial and subsequent patient days requiring noninvasive ventilation (i.e. CPAP (acute), Bipap, and OSA) to mechanically support or assist in the movement of air into the lungs. For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Ventilator Dependent Patient Days.

**Ventilator Patients**

Report the total number of patients who required a ventilator support device (invasive and/or non-invasive) during the reporting period.

**Respiratory Care and Pulmonary Diagnostics Combined Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical Staff

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Respiratory Therapist

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Respiratory Care and Pulmonary Diagnostics Combined Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Nitric Oxide Expense**

Total Nitric Oxide Expense for the reporting period.

This is a subset of Medical Supply Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Respiratory Care and Pulmonary Diagnostics Combined Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Respiratory Care and Pulmonary Diagnostics Combined Normalizations**

Include the hours costs and volumes (where applicable) associated with the

- Cleaning of ventilators
- Personnel performing the functions of the department’s day to day managerial operations (Respiratory and Pulmonary)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, residency program (Respiratory and Pulmonary)
- Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)
- Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
- Grant or research funded services
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Operating a hospital based School of Respiratory Care, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Education (formal classes like Asthma, Smoking Cessation, COPD Education)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Respiratory and Pulmonary)
- Repair and Maintenance of Clinical Equipment/Rooms
- Sleep studies

**04199 Respiratory and Pulmonary Care Administration and Support**

This department performs the overall administrative and general support tasks for the entire Respiratory and Pulmonary Care Services series. These tasks and functions include but are not limited to residency programs, medical informatics, research programs, and the associated management of these support activities.

**Respiratory and Pulmonary Care Administration and Support Workload Volumes**

**APC Relative Weight Supported**

The APC Relative Weight Supported is based on the weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures supported by the department. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the APC weights for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

**Inpatient Procedures Supported**

Count all procedures supported performed on inpatients by the department for the reporting period. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the inpatient procedures for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

This is a subset of Total Procedures Supported.

**Total Clinical Activity Time Standards (CATS) Supported**

Total Clinical Activity Time Standards (CATS) performed by all departments within this series and supported by this department staff.
Total Procedures Supported

Count all procedures that are supported by the department for the reporting period. This value is unable to be populated using the Key Volume Element Population data file. Therefore, use the sum of the total procedures for the departments utilized within this series. For additional assistance refer to the APC and Work RVU Workbook available on the Support Page.

Respiratory and Pulmonary Care Administration and Support Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical Staff

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

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**Respiratory and Pulmonary Care Administration and Support Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Respiratory and Pulmonary Care Administration and Support Mandatory Elements**

The following data elements are mandatory for this department:

- APC Relative Weight Supported
- Inpatient Procedures Supported
- Labor Expense
- Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures Supported
- Worked Hours: Staff

**Respiratory and Pulmonary Care Administration and Support Normalizations**

Include the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, residency program (Respiratory and Pulmonary)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Respiratory and Pulmonary)
Exclude the hours costs and volumes (where applicable) associated with the

- Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
- Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
- Grant or research funded services
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Operating a hospital based School of Respiratory Care, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient Education (formal classes like Asthma, Smoking Cessation, COPD Education)
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Repair and Maintenance of Clinical Equipment/Rooms

F4100, Respiratory and Pulmonary Care Services
Functional Rollup

This department includes all Respiratory Care departments, Pulmonary Diagnostics departments, and administrative and support functions regardless of reporting relationship.

Respiratory and Pulmonary Care Services Functional Rollup Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.
Bedside Pulmonary Function Procedures

Total number of bedside pulmonary function procedures performed for this reporting period.

This is a component of Pulmonary Function Procedures.

Bronchial Hygiene Procedures

Total number of Bronchial Hygiene procedures performed for this reporting period. Bronchial hygiene activities are intended to improve the distribution of ventilation, including the application of technology and methods to facilitate removal of secretions from the airways, and/or the delivery of aerosolized medications.

This is a component of Billable Procedures.

Chest Physiotherapy Procedures

The number of Chest Physiotherapy (CPT) Treatments (such as HFCWA, IPV, Sonic therapy) performed for the reporting period.

This is a component of Total Procedures.

Electrocardiography Procedures

Total number of Electrocardiography (ECG or EKG) procedures performed for the reporting period. Electrocardiography is a method of graphic tracing of the electric current generated by the heart muscle during a heartbeat. The tracing is recorded with an electrocardiograph and it provides information on the condition and performance of the heart.

This is a component of Total Procedures.

Hours Nitric Oxide Used

Total number of hours Nitric Oxide was used during the reporting period.

In House Transports (15 mins)

Total number of in house transports for the reporting period. Count any patient accompanied by a respiratory therapist and transported throughout the facility (e.g., for diagnostic or interventional testing, operating room, admit from the ER to the floor, etc.). The duration/length of an in house transport can vary from facility to facility, so be sure to adjust your count based on 15-minute intervals.
Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should automatically populate after the rollup and calc process has been completed and the standard departments within the series utilize the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value for each of the departments within the series, refer to the APC and Work RVU Workbook available on the Support Page and utilize the volumes for all departments within the series.

This is a subset of Total Procedures.

Number of Unlisted Procedures

Number of procedures reported for CPT Codes 94799 and 37799.

This is a component of Total Procedures.

Off Site Transports

Total number of off site transports for the reporting period. An off site transport is when a patient is accompanied out of the facility for treatment (i.e. to another Medical Center or facility). Each round trip transport counts as one.

Patient Days Supported: Neonate Level III

Total patient days supported for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).

Patient Days Supported: Neonate Level IV

Total patient days supported for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks' gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.
**Pulmonary Function Procedures**  
Total number of Pulmonary Function (PFT) procedures performed for the reporting period. Include in this count any breathing tests that assist in the determination of how much air the lungs can hold, how quickly air moves in and out of the lungs, or how well the lungs exchange oxygen and carbon dioxide. PFTs included in the count may include but are not limited to tests that determine lung volumes, lung capacities and flow rates.

This is a component of Total Procedures.

**Responses to Codes**  
Report the total number of emergency codes responded to by the department for any patient with cardio-respiratory distress or 'impending cardio-respiratory arrest.'

**Total Clinical Activities Time Standards (CATS)**  
Report the Total Clinical Activity Time Standards (CATS) for the department as calculated on the Respiratory and Pulmonary Care Minimum Data Set Worksheet located on the Support Page. For more information, please refer to the AARC Uniform Reporting Manual for Acute Care Hospitals - Fifth Edition, (Copyright 2012).

**Total Procedures**  
Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

**Unlisted Procedures**  
Total number of procedures recorded for the reporting period for CPT Codes 37799 and 94799.

This is a component of Total Procedures.

**Ventilator Dependent Patient Days**  
Total patient days requiring a ventilator support device (invasive and/or non-invasive), such as a Positive or Negative Pressure ventilator, a High Frequency Ventilator, BiPAP, or CPAP, to mechanically support or assist in the movement of air into the lungs, with or without an artificial airway.

For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be 500 / 6 = 83.3 Vent Days. If the department billed in 8 hour increments, the conversion would be 500 / 3 = 166.6 Vent Days, if the department billed in 12 hour increments, the conversion would be 500 / 2 = 250 etc. If you are unable to convert to 24 hour days, please leave this measure blank.
Ventilator Dependent Patient Days: Invasive

Total initial and subsequent patient days requiring an invasive ventilator support device to mechanically support or assist in the movement of air into the lungs. For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Ventilator Dependent Patient Days.

Ventilator Dependent Patient Days: Non-Invasive

Total initial and subsequent patient days requiring noninvasive ventilation (i.e. CPAP (acute), Bipap, and OSA) to mechanically support or assist in the movement of air into the lungs. For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be $500 / 6 = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $500 / 3 = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $500 / 2 = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

This is a subset of Ventilator Dependent Patient Days.

Ventilator Patients

Report the total number of patients who required a ventilator support device (invasive and/or non-invasive) during the reporting period.

Respiratory and Pulmonary Care Services Functional Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Clinical Staff

Hours worked by other clinical support staff including but not limited to hours worked by educators and aides.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.
**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Technician**

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

**Respiratory and Pulmonary Care Functional Rollup Revenue Elements**

**Gross Inpatient Charges**

Report the total gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees.

This is a subset of Gross Patient Charges.

**Gross Patient Charges**

Report the total gross patient charges for the reporting period. Include inpatient and outpatient charges. Report charges as the actual dollar amount. Exclude physician fees.
Respiratory and Pulmonary Care Services Functional Rollup Expense Elements

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Nitric Oxide Expense
Total Nitric Oxide Expense for the reporting period.

This is a subset of Medical Supply Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Respiratory and Pulmonary Care Services Functional Rollup Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
- Inpatient Procedures
- Labor Expense
- Labor Expense: Physician Provider
- Non Medical Supply Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Total Procedures
• Worked Hours: Physician Provider

• Worked Hours: Staff

G4100, Other Respiratory/Pulmonary Services

This generic department includes all cost centers belonging to Respiratory and Pulmonary Services that cannot be mapped to individual respiratory care or pulmonary diagnostic departments.

Other Respiratory/Pulmonary Services Workload Volumes

APC Relative Weight

The APC Relative Weight is based on weights published by The Centers for Medicare and Medicaid Services (CMS). Report relative weights for procedures where the majority of the cost is provided by the department. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page.

Bedside Pulmonary Function Procedures

Total number of bedside pulmonary function procedures performed for this reporting period.

This is a component of Pulmonary Function Procedures.

Bronchial Hygiene Procedures

Total number of Bronchial Hygiene procedures performed for this reporting period. Bronchial hygiene activities are intended to improve the distribution of ventilation, including the application of technology and methods to facilitate removal of secretions from the airways, and/or the delivery of aerosolized medications.

This is a component of Billable Procedures.

Chest Physiotherapy Procedures

The number of Chest Physiotherapy (CPT) Treatments (such as HFCWA, IPV, Sonic therapy) performed for the reporting period.

This is a component of Total Procedures.
Electrocardiography Procedures

Total number of Electrocardiography (ECG or EKG) procedures performed for the reporting period. Electrocardiography is a method of graphic tracing of the electric current generated by the heart muscle during a heartbeat. The tracing is recorded with an electrocardiograph and it provides information on the condition and performance of the heart.

This is a component of Total Procedures.

Hours Nitric Oxide Used

Total number of hours Nitric Oxide was used during the reporting period.

Inpatient Procedures

Count all procedures performed on inpatients by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, as well as Procedure Counting for more information.

This is a subset of Total Procedures.

Number of Unlisted Procedures

Number of procedures reported for CPT Codes 94799 and 37799.

This is a component of Total Procedures.

Off Site Transports

Total number of off site transports for the reporting period. An off site transport is when a patient is accompanied out of the facility for treatment (i.e. to another Medical Center or facility). Each round trip transport counts as one.

Patient Days Supported: Neonate Level III

Total patient days supported for Level III neonates. According to the American Academy of Pediatrics (AAP), Level III (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO).
Patient Days Supported: Neonate Level IV

Total patient days supported for Level IV neonates. According to the American Academy of Pediatrics (AAP), Level IV (subspecialty) refers to postnatal care of extremely high-risk newborn infants and those with complex and critical illness requiring continuous life support and comprehensive care for infants less than 32 weeks’ gestation and birth weight less than 1500 g. and all critically ill infants. Continuous life support is provided by conventional mechanical ventilation, high-frequency ventilation and inhaled nitric oxide, and/or extracorporeal membrane oxygenation (ECMO). These neonates are being treated in an institution with the capability to provide surgical repair of complex congenital or acquired conditions, with immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists.

Pulmonary Function Procedures

Total number of Pulmonary Function (PFT) procedures performed for the reporting period. Include in this count any breathing tests that assist in the determination of how much air the lungs can hold, how quickly air moves in and out of the lungs, or how well the lungs exchange oxygen and carbon dioxide. PFTs included in the count may include but are not limited to tests that determine lung volumes, lung capacities and flow rates.

This is a component of Total Procedures.

Total Clinical Activities Time Standards (CATS)

Report the Total Clinical Activity Time Standards (CATS) for the department as calculated on the Respiratory and Pulmonary Care Minimum Data Set Worksheet located on the Support Page. For more information, please refer to the AARC Uniform Reporting Manual for Acute Care Hospitals - Fifth Edition, (Copyright 2012).

Total Procedures

Count all procedures performed by the department for the reporting period. This value should be populated using the Key Volume Element Population data file. If you are unable to use the Key Volume Element Population data file to upload this value, refer to the APC and Work RVU Workbook available on the Support Page, and Procedure Counting here in the DRM for more information.

Unlisted Procedures

Total number of procedures recorded for the reporting period for CPT Codes 37799 and 94799.

This is a component of Total Procedures.

Ventilator Dependent Patient Days

Total patient days requiring a ventilator support device (invasive and/or non-invasive), such as a Positive or Negative Pressure ventilator, a High Frequency Ventilator, BiPAP, or CPAP, to mechanically support or assist in the movement of air into the lungs, with or without an artificial airway.
For ActionOI purposes, a vent day is defined as one 24 hour period. Depending on your method of billing, you may need to perform a conversion to calculate days. The conversion would be the number of individual billings, divided by the number needed to multiply that billing increment by to get 24 hours. For example, if billing is done in 4 hour increments, and the department billed a total of 500 4 hour increments during the reporting period, the conversion would be $\frac{500}{6} = 83.3$ Vent Days. If the department billed in 8 hour increments, the conversion would be $\frac{500}{3} = 166.6$ Vent Days, if the department billed in 12 hour increments, the conversion would be $\frac{500}{2} = 250$ etc. If you are unable to convert to 24 hour days, please leave this measure blank.

**Ventilator Patients**

Report the total number of patients who required a ventilator support device (invasive and/or non-invasive) during the reporting period.

**Other Respiratory/Pulmonary Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Clinical**

Hours worked by other clinical support staff including but not limited to hours worked by technicians, educators, and aides.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Overtime is the total worked hours paid for overtime. Include hours worked on an overtime basis during orientation or for educational purposes. Exclude premium hours, non worked hours, or callback hours for which an employee is reimbursed at a regular pay rate based on shift differential or scheduling needs.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Respiratory Therapist**

Total hours worked by registered respiratory therapists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Technician

Total hours worked by technicians in the department. A technician generally holds a two year associates degree, and may have completed a certified training program.

This is a subset of Worked Hours: Staff.

Other Respiratory/Pulmonary Services Revenue Elements

Gross Inpatient Charges

Report the total gross charges for inpatients only for the reporting period. Report charges as the actual dollar amount. Exclude physician fees.

This is a subset of Gross Patient Charges.

Gross Patient Charges

Report the total gross patient charges for the reporting period. Include inpatient and outpatient charges. Report charges as the actual dollar amount. Exclude physician fees.

Other Respiratory/Pulmonary Services Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.
Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical, surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Nitric Oxide Expense

Total Nitric Oxide Expense for the reporting period.

This is a subset of Medical Supply Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total contract expense for physicians/providers and physician groups which provide professional services to the department. Include licensed physicians, interns and residents, nurse practitioners who work as physician extenders, and other physician extenders or professionals who bill on a CMS 1500 Form. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Other Respiratory/Pulmonary Services Mandatory Elements

The following data elements are mandatory for this department:

- APC Relative Weight
• Inpatient Procedures
• Labor Expense
• Labor Expense: Physician Provider
• Non Medical Supply Expense
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Total Procedures
• Worked Hours: Physician Provider
• Worked Hours: Staff

Other Respiratory/Pulmonary Services Normalizations

Include the hours costs and volumes (where applicable) associated with:

• Personnel performing the functions of the department’s day to day managerial operations (Respiratory and Pulmonary)

Exclude the hours costs and volumes (where applicable) associated with:

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach services, residency program (Respiratory and Pulmonary)
• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)
• Community Education and/or Outreach Events, e.g., coordinates and delivers health fairs and health screening programs, speakers bureaus and presentations
• Employee formal facility wide training programs, e.g., fire safety, CPR, hand washing
• Grant or research funded services
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Operating a hospital based School of Respiratory Care, e.g., administration and or teaching of students in a formal classroom setting to achieve a degree in a specialized field

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient Education (formal classes like Asthma, Smoking Cessation, COPD Education)

• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Respiratory and Pulmonary)

• Repair and Maintenance of Clinical Equipment/Rooms

• Sleep studies

Respiratory and Pulmonary Care Services Worksheets

Use the following worksheets for this department. These worksheets can be found on the Support tab of ActionOI.

• CAT and RW Worksheet
Chapter 37. Revenue Cycle Management

This chapter includes the following sections:

- 05602, Patient Financial Services  2094
- 05608, Centralized Scheduling  2102
- 05609, Admitting and Registration  2107
- 05611, Inpatient Admitting  2112
- 05612, Outpatient Registration  2117
- 05620, Financial Counseling Services  2122
- 05630, Medical Plan Contracting Services  2126
- 05640, Health Information Management with Medical Transcription  2129
- 05641, Health Information Management without Transcription  2139
- 05642, Medical Transcription  2147
- 05645, Disease Registries  2151
- 05670, Patient Accounting Services  2155
- 05671, Credit and Collections  2161
- 05672, Consolidated Business Office  2164
- F5601, Revenue Cycle Management Functional Rollup  2171
- G5601, Other Revenue Cycle Management  2182

05602, Patient Financial Services

This department includes all inpatient and outpatient registration functions and patient claims processing functions, including claims preparation, submission, financial counseling, denial management and other follow-up services.
Patient Financial Services Mapping Guidelines

If your organization has separate and distinct cost centers for admitting and registration, patient claims processing, financial management, denial management and other followup services, map to the appropriate individual departments. If you use this department, do not create a primary instance of: department 05609, Admitting and Registration department; 05611, Inpatient Admitting department; 05612, Outpatient Admitting department; 05620, Financial Counseling Services department; 05670, Patient Accounting Services department; 05671, Credit and Collections department; or 05672, Consolidated Business Office department.

Patient Financial Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Cycle Time - Number of days

Number of days from the date of patient discharge to when the claim is submitted to the payer.

Gross Dollars in Final Bill not Submitted to Payer

Total gross dollars included in the final patient bill but have not been submitted to the payer for the reporting period.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Inpatient Accounts Billed

The total separate bills issued to payer sources for payment of inpatient services. Count only inpatient (i.e., patients with room charges) primary, secondary (or more) payers billed. Include each time a bill is sent as an Inpatient Accounts Billed, including rebills and billing of secondary payers. Exclude normal newborn accounts from the count.

This is a subset of Total Accounts Billed.
Inpatient Preadmissions

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed through a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Patient Registrations.

Inpatient Registrations

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed through a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Patient Registrations.

Original Claims

The total original claims (unique billing episode) submitted to a payer source. Include only first claims. For accounts with multiple cycles, such as long-term accounts, count only the first claims in the cycles. If you bill multiple payer sources, be sure to include each payer source in the count.

This is a subset of Total Accounts Billed.

Other Outpatient Registrations

The total registrations of all outpatients who do not fall into Special Outpatient Registrations category: generally for outpatient clinics and/or referrals (e.g., laboratory or radiology procedures). They may or may not use serial registration. Special Outpatient Registrations plus Other Outpatient Registrations should equal Total Outpatient Registrations. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

This is a subset of Patient Registrations.
Patient Registrations

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one-time use or long-term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

Serial Registrations

The total outpatient registrations that are valid over a specified length of time regardless of the number of visits. Count those registrations that are not for one-time use. Typically, the patient registration is created at the first visit. On subsequent visits, the patient goes directly to the point of service without being registered again. The patient therefore has one account number associated with all of the visits. The facility may have the patient stop by on subsequent visits to update financial information or review registration data for accuracy, but this does not affect the count. This is a registration methodology, not a type of outpatient service (as in Special Outpatient Registrations). Therefore, you may record outpatient registrations in this category as well as in Involved Outpatient Registrations or Other Outpatient Registrations.

This is a subset of Patient Registrations.

Special Outpatient Registrations

The total outpatient registrations for the Emergency department, ambulatory surgery, cardiac cath lab, endoscopy lab, and other areas requiring patient consent for treatment. This includes registrations that require more intensive medical records involvement. Although patient consent is obtained for other types of accounts (e.g., clinic visits), this category includes patients that are treated in an ambulatory non-clinic, non-referral setting. There frequently are additional consent forms requir

This is a subset of Patient Registrations.

Total Accounts Billed

The total separate bills issued to payer sources for payment. A payer source may be primary, secondary, or tertiary. Count the total of all bills issued to payers. Include both electronic and hand-prepared bills, including rebills. If you send a bill to more than one payer, be sure to include all in the count. For example, a bill to a primary and a secondary carrier counts as two bills. Exclude billings performed on behalf of physicians when physicians receive the resulting reimbursement directly payable to them (i.e., split billing). For these types of billings, only the hospital-related bill should be included in the count. However, do count physician-related billings that are received by the hospital, credited as revenue, and then expensed as payment to physicians (i.e., combined billing). Note: For inpatient accounts, you may cycle bill long-term patient admissions. For outpatient accounts, you may have long life accounts used for some form of serial billing. Each cycle bill counts toward Accounts Billed using the above methodologies. Do not include data mailers in the count of Total Accounts Billed.
Total Claims Accepted
Total claims accepted into claims scrubber tool for editing prior to submission for the reporting period.

Total Claims Audited
Total number of claims audited for the reporting period. This will include claims that had requests for additional information that results in a delayed payment.

Total Claims Denied
Total number of claims that have been denied for the reporting period. This will include claims that have received payments for less than the full expected reimbursement amount.

Total Claims Remitted
Total number of claims remitted for the reporting period.

Total Claims that Pass Edits
Total number of claims that pass edits requiring no manual intervention by department staff for the reporting period.

Total Dollars Collected
Total dollars collected (both third party and patient co-pays) during the reporting period. This includes all cash collections from all sources related to patient accounts.

Total Zero Paid Claims Denied
Total number of zero paid claims denied for the reporting period.

Patient Financial Services Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Billing Staff**

Total hours worked by staff performing billing, follow-up, and collections activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Credit and Collections Staff**

Total hours worked by staff performing revenue collections activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Patient Registration and Admitting Staff**

Total hours worked by patient admitting and registration staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: PreCertification, Financial Counseling Staff**

Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Patient Financial Services Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.
Patient Financial Services Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Original Claims
- Other Direct Operating Expense
- Overtime Salary Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Registrations
- Worked Hours: Staff

Patient Financial Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Cashiering services, e.g., collection of payments for previously billed services
- Collection fees, e.g., fees paid to a outside party to collect outstanding bills owed
- Credit screening, e.g., gathering and validation of patient financial information
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Legal fees incurred for collection of patient accounts
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
- Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Revenue Cycle Management)
- Billing for mail order prescriptions
• Hospital chargemaster maintenance

• Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures

• Physician billing, unless combined on same bill with hospital services, e.g., processing the claim for reimbursement by third party payer

### 05608, Centralized Scheduling

This department manages inbound and outbound calls, faxes, and or electronic communications for many types of modalities throughout the hospital, to ensure an appointment is generated for the patient-related activity.

### Centralized Scheduling Mapping Guidelines

If the cost center performs only rehabilitative and or surgical services scheduling within the facility, this department is not an appropriate choice. Rehabilitative services scheduling should utilize the 04899, Rehabilitation Services Administration department, and Surgical services scheduling should utilize the 03099, Surgical Services Administration department.

### Centralized Scheduling Workload Volumes

#### Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

#### Inbound Calls

This represents the number of telephone calls initiated by the customer whom the facility typically offers support, handle problematic questions, and offer suggestions, with the intention to solve the issue of the customers.

#### Inbound Communications

This represents the number of communications initiated by the customer whom the facility typically offers support, handle problematic questions, and offer suggestions, with the intention to solve the issues of the customers. This value is the sum of “inbound calls” and “inbound other” communications.
**Other Inbound Communications**

This represents the number of other communications such as but not limited to: faxes, emails, online requests that are initiated by the customer whom the facility typically offers support, handle problematic questions, and offer suggestions, with the intention to solve the issues of the customers.

**Other Outbound Communications**

This represents the number of other communications such as but not limited to: faxes, emails, online requests that are initiated by the organization.

**Outbound Calls**

This represents the number of telephone calls initiated by the organization.

**Outbound Communications**

This represents the number of communications initiated by the organization, reaching customers that are typically not expecting this form of communication. This value is the sum of “outbound calls” and “outbound other” communications.

**Service Level Percent of Call**

This number represents the actual service level for the reporting period. Example: With the above level goal you were expect to achieve 85 percent but you actually achieved 92 percent, please enter 92.

**Service Level Percentage Goal**

This number represents the percent for which your facility identifies that a call should be answered within the service level time it should answer a call. Example: The service level of time is 45 seconds and your facility should answer 85 percent of the calls within that time, you would enter 85.

**Service Level Time**

This number represents the time that your facility has deemed sufficient for a call to be answered. Please report this value in seconds.

**Total Abandoned Calls**

Total number of calls where the caller hangs up after being placed on hold while waiting to speak to a representative during the reporting period.

This is a subset of Total Inbound Calls.
Total Appointment Activity
Total number of patient appointments added, moved, or cancelled during the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Total Communications
This represents the total communications that are related to appointments within the organization. This value is the sum of “inbound communications” and “outbound communications.”

Centralized Scheduling Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Data Analyst
Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Registration Staff**

Total hours worked by patient admitting and registration staff performing registration activities.

This is a subset of Worked Hours: Staff

**Worked Hours: Scheduling Staff**

Total hours worked by a schedulers responsible for generating a distinct block of time for a patient to receive a service.

This is a subset of Worked Hours: Staff

**Worked Hours: Scheduling/Registration Staff**

Total hours worked by a scheduler/registrar responsible for generating a distinct block of time and completing a registrations for a patient to receive a service within the hospital.

This is a subset of Worked Hours: Staff

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Centralized Scheduling Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Centralized Scheduling Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Appointment Activity
- Total Communications
- Worked Hours: Staff

**Centralized Scheduling Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

**05609, Admitting and Registration**

This department performs all patient admitting and patient registration functions, including but not limited to the Emergency Department.

**Admitting and Registration Mapping Guidelines**

If your organization has separate cost centers for inpatient admitting and outpatient registration, map instead to the 05611, Inpatient Admitting department and the 05612, Outpatient Registration department. If you use this department, do not create a primary instance of Inpatient Admitting or Outpatient Registration.

**Admitting and Registration Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Inpatient Preadmissions**

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed though a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Inpatient Registrations.
Inpatient Registrations

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed through a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department within less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Patient Registrations.

Other Outpatient Registrations

The total registrations of all outpatients who do not fall into Special Outpatient Registrations category: generally for outpatient clinics and/or referrals (e.g., laboratory or radiology procedures). They may or may not use serial registration. Special Outpatient Registrations plus Other Outpatient Registrations should equal Total Outpatient Registrations. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

This is a subset of Patient Registrations.

Patient Registrations

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one-time use or long-term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

Serial Registrations

The total outpatient registrations that are valid over a specified length of time regardless of the number of visits. Count those registrations that are not for one-time use. Typically, the patient registration is created at the first visit. On subsequent visits, the patient goes directly to the point of service without being registered again. The patient therefore has one account number associated with all of the visits. The facility may have the patient stop by on subsequent visits to update financial information or review registration data for accuracy, but this does not affect the count. This is a registration methodology, not a type of outpatient service (as in Special Outpatient Registrations). Therefore, you may record outpatient registrations in this category as well as in Involved Outpatient Registrations or Other Outpatient Registrations.

This is a subset of Patient Registrations.
Special Outpatient Registrations

The total outpatient registrations for the Emergency department, ambulatory surgery, cardiac cath lab, endoscopy lab, and other areas requiring patient consent for treatment. This includes registrations that require more intensive medical records involvement. Although patient consent is obtained for other types of accounts (e.g., clinic visits), this category includes patients that are treated in an ambulatory non-clinic, non-referral setting. There frequently are additional consent forms requir

This is a subset of Patient Registrations.

Admitting and Registration Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
Worked Hours: PreCertification, Financial Counseling Staff

Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

Worked Hours: Registration Staff

Total hours worked by patient admitting and registration staff performing registration activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Admitting and Registration Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Admitting and Registration Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Registrations
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Registrations
- Worked Hours: Staff

Admitting and Registration Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Admitting and registration activities, e.g., receipt of reservation request, collection of patient identification data/insurance information, assignment of patient account numbers
- Ambulatory Surgery Registrations-for hospital based Ambulatory Surgery departments
- Emergency Room Registrations
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient reception, e.g., greeting, checking in of patients, answering phone calls
- Registration Desk
- Urgent Care Registrations- for hospital based Urgent Care departments

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Birth certificate preparation - the time needed to complete and submit the documentation required by
the state
• Credit screening, e.g., gathering and validation of patient financial information
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates,
completion of Medicaid, Charity and Disability applications
• Information Desk
• Insurance verification - initial time spent obtaining name and identification and pre-admission
certification during the admission process
• Insurance verification (billing phase)—include time spent on validation of coverage
• Lab Specimen Registration
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer.
This does not include charge capture.
• Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic
communications to ensure an appointment is generated for the patient-related activity
• Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist
with managing providers to ensure they are not treating patients with too many services
• Pre-admission certification, e.g., communicating with insurance companies to gain approval for a
person to be admitted to the hospital, granted prior to admission
• Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
• Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms
based on the type of case)

05611, Inpatient Admitting

This department performs inpatient admitting functions.

Inpatient Admitting Mapping Guidelines

If less than 80% of the cost center’s activity relates to inpatient admitting, use an alternate department. If
the department includes outpatient registration functions, use the 05609, Admitting and Registration
department. If you use this department, do not create a primary instance of Admitting and Registration.
Inpatient Admitting Workload Volumes

Adjusted Discharges Supported
Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Emergency Department Referred Admissions
Total inpatient admissions referred through Emergency Department.

This is a subset of Inpatient Admissions.

Inpatient Admissions
Total facility inpatient admissions. Exclude normal newborns.

Inpatient Preadmissions
The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed through a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Inpatient Admissions.

Urgent Inpatient Admissions
The total inpatients referred for admission within 24 hours of notice. Count all patients referred for admission within 24 hours notice; exclude ED referrals. This category may overlap with inpatient preadmissions for those preadmissions referred with less than 24 hours notice. In this situation, include cases in both categories.

This is a subset of Inpatient Admissions.
Inpatient Admitting Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Admitting Staff

Total hours worked by patient admitting staff performing registration activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: PreCertification, Financial Counseling Staff**

Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Inpatient Admitting Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.
Inpatient Admitting Mandatory Elements

The following data elements are mandatory for this department:

- Inpatient Admissions
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Inpatient Admitting Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Admitting and registration activities, e.g., receipt of reservation request, collection of patient identification data/insurance information, assignment of patient account numbers
- Patient reception, e.g., greeting, checking in of patients, answering phone calls
- Registration Desk

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Birth certificate preparation - the time needed to complete and submit the documentation required by the state
- Credit screening, e.g., gathering and validation of patient financial information
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Information Desk
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Insurance verification (billing phase)—include time spent on validation of coverage
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity

- Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services

- Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission

- Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)

05612, Outpatient Registration

This department performs outpatient registration functions, including Emergency Department patient registration.

Outpatient Registration Mapping Guidelines

If less than 80% of the cost center's activity relates to outpatient registration, use an alternate department. If the department includes inpatient admitting functions, use the 05609, Admitting and Registration department. If you use this department, do not create a primary instance of Admitting and Registration.

Outpatient Registration Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Other Outpatient Registrations

The total registrations of all outpatients who do not fall into Special Outpatient Registrations category: generally for outpatient clinics and/or referrals (e.g., laboratory or radiology procedures). They may or may not use serial registration. Special Outpatient Registrations plus Other Outpatient Registrations should equal Total Outpatient Registrations. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

This is a subset of Patient Registrations.
Outpatient Registrations

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, referred, observation, ambulatory surgery, etc.) created during the reporting period. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Serial patient registrations may be included in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

Serial Registrations

The total outpatient registrations that are valid over a specified length of time regardless of the number of visits. Count those registrations that are not for one-time use. Typically, the patient registration is created at the first visit. On subsequent visits, the patient goes directly to the point of service without being registered again. The patient therefore has one account number associated with all of the visits. The facility may have the patient stop by on subsequent visits to update financial information or review registration data for accuracy, but this does not affect the count. This is a registration methodology, not a type of outpatient service (as in Special Outpatient Registrations). Therefore, you may record outpatient registrations in this category as well as in Involved Outpatient Registrations or Other Outpatient Registrations.

This is a subset of Outpatient Registrations.

Special Outpatient Registrations

The total outpatient registrations for the Emergency department, ambulatory surgery, cardiac cath lab, endoscopy lab, and other areas requiring patient consent for treatment. This includes registrations that require more intensive medical records involvement. Although patient consent is obtained for other types of accounts (e.g., clinic visits), this category includes patients that are treated in an ambulatory non-clinic, non-referral setting. There frequently are additional consent forms requir

This is a subset of Patient Registrations.

Outpatient Registration Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Admitting Staff

Total hours worked by patient admitting staff performing registration activities.
This is a subset of Worked Hours: Staff.

**Worked Hours: Management**
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: PreCertification, Financial Counseling Staff**
Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

**Worked Hours: Registration Staff**
Total hours worked by patient admitting and registration staff performing registration activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Outpatient Registration Expense Elements

Contract Service Expense
Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Outpatient Registration Mandatory Elements
The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Outpatient Registrations
- Paid Hours: Contract Labor
Paid Hours: Staff

Worked Hours: Staff

**Outpatient Registration Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Ambulatory Surgery Registrations for hospital based Ambulatory Surgery departments
- Emergency Room Registrations
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Patient reception, e.g., greeting, checking in of patients, answering phone calls
- Urgent Care Registrations for hospital based Urgent Care departments

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Credit screening, e.g., gathering and validation of patient financial information
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Information Desk
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Insurance verification (billing phase) – include time spent on validation of coverage
- Lab Specimen Registration
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
- Patient Scheduling includes management of inbound and outbound calls, faxes, and or electronic communications to ensure an appointment is generated for the patient-related activity
- Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services
- Registration services for Ambulatory Care Clinics, e.g., departments mapped to the 022XX series
- Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)
05620, Financial Counseling Services

This department performs financial counseling services which may include providing financial clearance processing for planned inpatient and ambulatory admissions including insurance verification and pre-authorization, collection of co-pays, setting up payment plans for self pay patients, providing price estimates, completion of Medicaid, Charity and Disability applications and coordination of Medicaid spend down requirements.

Financial Counseling Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Charity Care Applications Facilitated

Total number of initial charity care applications received by department staff for the reporting period. This does not include follow-up requests for information.

This is a subset of Total Patients Counseled.

Disability Applications Facilitated

Total number of initial disability applications facilitated by department staff for the reporting period.

This is a subset of Total Patients Counseled.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Medicaid Applications Facilitated

Total number of initial medicaid applications facilitated by department staff for the reporting period.

This is a subset of Total Patients Counseled.
Self Pay Patients Reviewed
Total number of patients registered as self pay patients only and reviewed by department staff for the reporting period. Do not include balance after insurance of denials for non-coverage of service.

This is a subset of Total Patients Counseled.

Total Patients Counseled
Total number of initial charity care, medicaid and disability applications facilitated as well as self pay patient accounts reviewed during the reporting period.

Financial Counseling Services Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Admitting Staff
Total hours worked by patient admitting staff performing registration activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Financial Counseling staff
Total hours worked by financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Pre Certification Staff

Total hours worked by patient pre-certification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services.

This is a subset of Worked Hours: Staff.

Worked Hours: PreCertification, Financial Counseling Staff

Total hours worked by patient pre-certification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Financial Counseling Services Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Financial Counseling Services Mandatory Elements

The following data elements are mandatory for this department.

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Patients Counseled
- Worked Hours: Staff

Financial Counseling Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:
- Credit screening, e.g., gathering and validation of patient financial information
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures
- Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services

**05630, Medical Plan Contracting Services**

This department performs medical plan service contract management (i.e. Managed Care, Commercial Plan contracts) which may include contract preparation, financial and contract analysis, revenue projections, contract modeling, utilization and outcomes analysis, strategic planning (not market research) and contract negotiations.

**Medical Plan Contracting Services Mapping Guidelines**

If less than 80% of the cost center’s activity relates to medical plan contracting, use an alternate department. Options include G5600, Other Revenue Cycle Management department.

**Medical Plan Contracting Services Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Total Payment Contract Proposals

The total service reimbursement contract proposals prepared. They may take the form of capitated, case based, discounted payment, or per diem reimbursement and may be with HMOs or PPOs, or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

Medical Plan Contracting Services Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Analyst

Total hours worked by analysis staff that track financial status by monitoring variances from contracts and budgets, assemble and summarize data and prepare reports of findings, analyses, and recommendations.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Marketing and Negotiating Staff

Total hours worked by marketing and contract negotiating staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Medical Plan Contracting Services Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.
This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Medical Plan Contracting Services Mandatory Elements**

The following data elements are mandatory for this department.

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Payment Contract Proposals
- Worked Hours: Staff

**Medical Plan Contracting Services Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations

**05640, Health Information Management with Medical Transcription**

This department includes the staff responsible for assembling, scanning, indexing, analyzing, filing, retrieving, coding, clinical documentation improvement, copying, archiving, storage, release of information, maintaining the integrity of the Master Patient Index and general administration, maintenance, and utilization of patient records and medical transcription.
Health Information Management with Medical Transcription Mapping Guidelines

If your cost center(s) do not include medical transcription, another option might be the Health Information Management without Transcription department.

Health Information Management with Medical Transcription Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Daily Discharges Not Final Billed (DNFB)

This number is derived by adding the daily number of Discharges Not Final Billed for each day of the reporting period and dividing by the Days in Period.

Average Daily Discharges Not Final Coded (DNFC)

This number is derived by adding the daily number of Discharges Not Final Coded for each day of the reporting period and dividing by the Days in Period.

Charts Abstracted

The total number of charts abstracted by the department staff for the reporting period. Count charts abstracted as one chart per episode of care for which abstraction is needed unless it is a chart abstraction specific to a cancer type. In that case, count one chart abstracted per type of cancer. For example, if Mary Jones has breast cancer and lung cancer and was treated for both cancers during one inpatient stay, it would count as two charts abstracted.

Clinic Medical Records Completed

The total number of Ambulatory Clinic medical records completed during the reporting period. Completed refers to records that contain, at a minimum, a signed history/physical history and physical, operative reports (if appropriate), and discharge summary.

This is a subset of Patient Records Completed.
Documents Scanned
The total number of documents scanned per period.

Duplicate or Erroneous Patient Numbers Corrected
The total number of duplicate or erroneous patient record numbers corrected by department personnel.

Emergency Department Records Coded
Total number of patient records coded for Emergency Department visits.
This is a subset of Patient Records Coded.

Inpatient Admissions
The total facility inpatient admissions. Exclude normal newborns.

Inpatient Record Completion Time (Days)
The average inpatient record completion time (in days). Calculate this by using the Medical Records Worksheet. This worksheet uses a sampling of 30 records.

Inpatient Records Coded
The total number of patient records coded for inpatient stays.
This is a subset of Patient Records Coded.

Inpatient Records Completed
The total medical records of facility inpatients completed. Exclude normal newborns. Count only inpatient records. Do not include intensive ambulatory records, such as surgery, cardiac catheterization, emergency, etc.
This is a subset of Patient Records Completed.

Lines of Transcription Outsourced
The total transcribed lines purchased from an external contract service(s). If the department does not internally purchase transcription, enter "0." If the data is not available, leave the field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.
This is a subset of Lines of Transcription Provided.
Lines of Transcription Produced Internally

The total transcribed lines produced by department staff. If the department does not internally produce transcription, enter "0." If the data is not available, leave the field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

This is a subset of Lines of Transcription Provided.

Lines of Transcription Provided

The total lines of transcription provided (either produced and/or purchased). If for externally purchased transcription only dollars are available, obtain the average dollar per line rate charged by the contract source to estimate the transcribed lines (charged dollars / average rate = lines). If the department produces and purchases transcription and one of the values cannot be provided, leave this field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

Number of Follow-up Queries

The number of follow-up queries conducted for active patients in the disease database.

Number of Medical Records Requested

Total number of medical records requested by departments for patient appointments for the reporting period.

Number of Medical Records Retrieved

Total number of medical records retrieved by departments for patient appointments for the reporting period.

Observation Medical Records Completed

Total number of observation patient medical records completed during the reporting period. Completed refers to records that contain, at a minimum, a signed history/physical history and physical, operative reports (if appropriate) and discharge summary.

This is a subset of Patient Records Completed.

Observation Records Coded

Total number of medical records coded for patients admitted for observation only. These patients may be admitted as an inpatient.

This is a subset of Patient Records Coded.
Outpatient Ancillary Medical Records Completed

The total number of outpatient ancillary medical records completed during the reporting period. Completed refers to records that contain a physician order, medication list and drug reactions, allergy list and results retrieval for laboratory, radiology, and other testing results.

This is a subset of Patient Records Completed.

Outpatient Ancillary Service Records Coded

Total number of outpatient ancillary service records coded for tests and procedures. Do not include ED, Same Day Surgery or Outpatient Clinic Visits.

This is a subset of Patient Records Coded.

Outpatient Clinic Records Coded

Total number of outpatient records coded for outpatient clinic visits.

This is a subset of Patient Records Coded.

Outpatient Registrations

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count.

Patient Records Coded

The total number of patient medical records coded by all payer types, including normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) coded during the reporting period.

Patient Records Completed

The total discrete patient medical records (i.e., charts) completed, excluding normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) completed during the reporting period. The medical record must have had some action taken (e.g., coding, reviewing for completeness), not merely filing a document in a folder or indexing for electronic storage.
Patient Records Completed (inc Newborns)

The total discrete patient medical records (i.e., charts) completed, including normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) completed during the reporting period. The medical record must have had some action taken (e.g., coding, reviewing for completeness), not merely filing a document in a folder or indexing for electronic storage.

Records Filed

The total medical records filed and refiled. Count documents pulled on user requests and refiled after their return as well as records filed for the first time. For example, a record requested, pulled, and refiled upon return counts as one record filed.

Requests for Information Processed

The total number of release of information requests processed by the department for the reporting period. This value should include all requests for both in-house and outsourced work.

Same Day Surgery (SDS) Medical Records Completed

The total number of same day surgery/ambulatory surgery medical records completed during the reporting period. Completed refers to records that contain, at a minimum, signed history and physical, operative reports (if appropriate) and discharge summary.

This is a subset of Patient Records Completed.

Same Day Surgery Records Coded

Total number of medical records coded for same day surgical procedures.

This is a subset of Patient Records Coded.

Third Party Audit Requests Processed

The total number of third party audit requests including RAC requests processed by the department for the reporting period. This value should include all requests for both in-house and outsourced work.

This is a subset of Requests for Information Processed.

Total Incomplete Medical Records Greater Than 30 Days

The total number of medical records greater than 30 days incomplete during the reporting period. These are defined as records missing documents, physician signature or not in the permanent file.
Turnaround Time for Release of Information Req Processed
The number of days from receipt of requests through time of mailing, emailing or faxing.

Turnaround Time for Transcribed Discharge Summaries
The number of hours from receipt of dictated discharge summary to indexing or placement in the medical record.

Turnaround Time for Transcribed History and Physicals
The number of hours from receipt of dictated history and physical to indexing or placement in the medical record.

Turnaround Time for Transcribed Operative Reports
The number of hours from receipt of dictated operative report to indexing or placement in the medical record.

Turnaround Time for Transcribed Progress Notes
The number of hours from receipt of dictated progress note to indexing or placement in the medical record.

Health Information Management with Medical Transcription Department

Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Documentation Improvement Specialist
Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.
**Worked Hours: Coder**

Total number of hours worked by medical coding professionals for all payer types.

This is a subset of Worked Hours: Staff.

**Worked Hours: Disease Registry Abstractor**

Total number of hours worked by all disease registry personnel. Include worked hours for all registries which reside in the department with the exception of Birth or Trauma Registry.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Records Scanning Specialist Staff**

Total number of hours worked by staff who perform imaging or scanning of medical records and convert paper documents into digital format.

This is a subset of Worked Hours: Staff.
Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Transcriptionist and Transcriptionist Editor

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

Health Information Management with Medical Transcription Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.
Health Information Management with Medical Transcription Mandatory Elements

The following elements are mandatory for this department.

- Labor Expense
- Lines of Transcription Produced Internally
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Records Completed (inc Newborns)
- Worked Hours: Staff

Health Information Management with Medical Transcription Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Audit of coding for patient charges/billing
- Birth certificate preparation - the time needed to complete and submit the documentation required by the state
- Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Medical records transcription, e.g., lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments into this department
- Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization
- Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)
• Medical Library functions, e.g., Librarian

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

• Privacy Officer - activities related to the development, implementation, maintenance of, and adherence to policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws

05641, Health Information Management without Transcription

This department includes the staff responsible for assembling, scanning, indexing, analyzing, filing, retrieving, coding, clinical documentation improvement, copying, archiving, storage, release of information, maintaining the integrity of the Master Patient Index and general administration, maintenance, and utilization of patient records.

Health Information Management without Transcription Mapping Guidelines

If your cost center(s) include medical transcription, another option might be the Health Information Management with Transcription department.

Health Information Management without Transcription Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Average Daily Discharges Not Final Billed (DNFB)

This number is derived by adding the daily number of Discharges Not Final Billed for each day of the reporting period and dividing by the Days in Period.
Average Daily Discharges Not Final Coded (DNFC)
This number is derived by adding the daily number of Discharges Not Final Coded for each day of the reporting period and dividing by the Days in Period.

Charts Abstracted
The total number of charts abstracted by the department staff for the reporting period. Count charts abstracted as one chart per episode of care for which abstraction is needed unless it is a chart abstraction specific to a cancer type. In that case, count one chart abstracted per type of cancer. For example, if Mary Jones has breast cancer and lung cancer and was treated for both cancers during one inpatient stay, it would count as two charts abstracted.

Clinic Medical Records Completed
The total number of Ambulatory Clinic medical records completed during the reporting period. Completed refers to records that contain, at a minimum, a signed history/physical history and physical, operative reports (if appropriate), and discharge summary.

This is a subset of Patient Records Completed.

Documents Scanned
The total number of documents scanned per period.

Duplicate or Erroneous Patient Numbers Corrected
The total number of duplicate or erroneous patient record numbers corrected by department personnel.

Emergency Department Records Coded
Total number of patient records coded for Emergency Department visits.

This is a subset of Patient Records Coded.

Inpatient Admissions
The total facility inpatient admissions. Exclude normal newborns.

Inpatient Record Completion Time (Days)
The average inpatient record completion time (in days). Calculate this by using the Medical Records Worksheet. This worksheet uses a sampling of 30 records.
**Inpatient Records Coded**

The total number of patient records coded for inpatient stays.

This is a subset of Patient Records Coded.

**Inpatient Records Completed**

The total medical records of facility inpatients completed. Exclude normal newborns. Count only inpatient records. Do not include intensive ambulatory records, such as surgery, cardiac catheterization, emergency, etc.

This is a subset of Patient Records Completed.

**Number of Follow-up Queries**

The number of follow-up queries conducted for active patients in the disease database.

**Number of Medical Records Requested**

Total number of medical records requested by departments for patient appointments for the reporting period.

**Number of Medical Records Retrieved**

Total number of medical records retrieved by departments for patient appointments for the reporting period.

**Observation Medical Records Completed**

Total number of observation patient medical records completed during the reporting period. Completed refers to records that contain, at a minimum, a signed history/physical history and physical, operative reports (if appropriate) and discharge summary.

This is a subset of Patient Records Completed.

**Observation Records Coded**

Total number of medical records coded for patients admitted for observation only. These patients may be admitted as an inpatient.

This is a subset of Patient Records Coded.
Outpatient Ancillary Medical Records Completed

The total number of outpatient ancillary medical records completed during the reporting period. Completed refers to records that contain a physician order, medication list and drug reactions, allergy list and results retrieval for laboratory, radiology, and other testing results.

This is a subset of Patient Records Completed.

Outpatient Ancillary Service Records Coded

Total number of outpatient ancillary service records coded for tests and procedures. Do not include ED, Same Day Surgery or Outpatient Clinic Visits.

This is a subset of Patient Records Coded.

Outpatient Clinic Records Coded

Total number of outpatient records coded for outpatient clinic visits.

This is a subset of Patient Records Coded.

Outpatient Registrations

The total outpatient registrations resulting in a separate patient account number. This includes all outpatient registrations (emergency, clinic, referred, etc.) created during the reporting period. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count.

Patient Records Coded

The total number of patient medical records coded by all payer types, including normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) coded during the reporting period.

Patient Records Completed

The total discrete patient medical records (i.e., charts) completed, excluding normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) completed during the reporting period. The medical record must have had some action taken (e.g., coding, reviewing for completeness), not merely filing a document in a folder or indexing for electronic storage.
Patient Records Completed (inc Newborns)

The total discrete patient medical records (i.e., charts) completed, including normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) completed during the reporting period. The medical record must have had some action taken (e.g., coding, reviewing for completeness), not merely filing a document in a folder or indexing for electronic storage.

Records Filed

The total medical records filed and refiled. Count documents pulled on user requests and refiled after their return as well as records filed for the first time. For example, a record requested, pulled, and refiled upon return counts as one record filed.

Requests for Information Processed

The total number of release of information requests processed by the department for the reporting period. This value should include all requests for both in-house and outsourced work.

Same Day Surgery (SDS) Medical Records Completed

The total number of same day surgery/ambulatory surgery medical records completed during the reporting period. Completed refers to records that contain, at a minimum, signed history and physical, operative reports (if appropriate) and discharge summary.

This is a subset of Patient Records Completed.

Same Day Surgery Records Coded

Total number of medical records coded for same day surgical procedures.

This is a subset of Patient Records Coded.

Third Party Audit Requests Processed

The total number of third party audit requests including RAC requests processed by the department for the reporting period. This value should include all requests for both in-house and outsourced work.

This is a subset of Requests for Information Processed.

Total Incomplete Medical Records Greater Than 30 Days

The total number of medical records greater than 30 days incomplete during the reporting period. These are defined as records missing documents, physician signature or not in the permanent file.
Turnaround Time for Release of Information Req Processed

The number of days from receipt of requests through time of mailing, emailing or faxing.

Turnaround Time for Transcribed Progress Notes

The number of hours from receipt of dictated progress note to indexing or placement in the medical record.

Health Information Management without Transcription Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Clinical Documentation Improvement Specialist

Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.

Worked Hours: Coder

Total number of hours worked by medical coding professionals for all payer types.

This is a subset of Worked Hours: Staff.

Worked Hours: Disease Registry Abstractor

Total number of hours worked by all disease registry personnel. Include worked hours for all registries which reside in the department with the exception of Birth or Trauma Registry.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Health Information Management without Transcription Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Health Information Management without Transcription Mandatory Elements

The following elements are mandatory for this department.

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Records Completed (inc Newborns)
- Worked Hours: Staff

Health Information Management without Transcription Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Audit of coding for patient charges/billing
- Birth certificate preparation - the time needed to complete and submit the documentation required by the state
• Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data

• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)

• Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Corporate Compliance Officer - activities related to overseeing and managing regulatory compliance issues within the organization

• Hospital Quality Assurance, e.g., activities surrounding the collecting and disseminating of data to monitor and improve patient care at the facility (hospital level quality management)

• Medical Library functions, e.g., Librarian

• Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)

• Privacy Officer - activities related to the development, implementation, maintenance of, and adherence to policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws

05642, Medical Transcription

This department includes the staff responsible for and/or the expenses related to the medical transcription function. Do not include health information management functions.

Medical Transcription Mapping Guidelines

If your cost center(s) include health information management functions, another option might be the Health Information Management with Transcription department.

Medical Transcription Workload Volumes
Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Lines of Transcription Produced Internally

The total transcribed lines produced by department staff. If the department does not internally produce transcription, enter "0." If the data is not available, leave the field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

This is a subset of Lines of Transcription Provided.

Lines of Transcription Provided

The total lines of transcription provided (either produced and/or purchased). If for externally purchased transcription only dollars are available, obtain the average dollar per line rate charged by the contract source to estimate the transcribed lines (charged dollars / average rate = lines). If the department produces and purchases transcription and one of the values cannot be provided, leave this field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

Lines of Transcription Outsourced

The total transcribed lines purchased from an external contract service(s). If the department does not internally purchase transcription, enter "0." If the data is not available, leave the field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

This is a subset of Lines of Transcription Provided.

Turnaround Time for Transcribed Discharge Summaries

The number of hours from receipt of dictated discharge summary to indexing or placement in the medical record.

Turnaround Time for Transcribed History and Physicals

The number of hours from receipt of dictated history and physical to indexing or placement in the medical record.

Turnaround Time for Transcribed Operative Reports

The number of hours from receipt of dictated operative report to indexing or placement in the medical record.
Turnaround Time for Transcribed Progress Notes

The number of hours from receipt of dictated progress note to indexing or placement in the medical record.

Medical Transcription Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Worked Hours: Transcriptionist and Transcriptionist Editor

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

Medical Transcription Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Medical Transcription Mandatory Elements

The following elements are mandatory for this department:

- Labor Expense
• Lines of Transcription Produced Internally
• Lines of Transcription Provided
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff

**Medical Transcription Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Medical records transcription, e.g., lines produced internally or outsourced (Imaging)

• Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.

**05645, Disease Registries**

This department includes staff responsible for maintaining cancer/tumor, stroke, cardiac or other disease registries. Do not include Birth or Trauma Registry.

**Disease Registries Mapping Guidelines**

If your cost center(s), includes other HIM functions, such as release of information, maintaining the integrity of the master patient index and document scanning, another option might be Health Information Management with or without Medical Transcription.
### Disease Registries Workload Volumes

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Charts Abstracted**

The total number of charts abstracted by the department staff for the reporting period. Count charts abstracted as one chart per episode of care for which abstraction is needed unless it is a chart abstraction specific to a cancer type. In that case, count one chart abstracted per type of cancer. For example, if Mary Jones has breast cancer and lung cancer and was treated for both cancers during one inpatient stay, it would count as two charts abstracted.

**Number of Follow-up Queries**

The number of follow-up queries conducted for active patients in the disease database.

### Disease Registries Department Hour Elements

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Disease Registry Abstractor**

Total number of hours worked by all disease registry personnel. Include worked hours for all registries which reside in the department with the exception of Birth or Trauma Registry.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Disease Registries Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Disease Registries Mandatory Elements

The following elements are mandatory for this department.

- Charts Abstracted
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

Disease Registries Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

Exclude the hours, costs and volumes (where applicable) associated with the following functions:
• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)

05670, Patient Accounting Services

This department performs patient claims processing functions, including claims preparation, submission, follow-up services and judicial affairs functions such as collection efforts including wage and tax refund garnishments, cash posting, co-pay collecting.

Patient Accounting Services Mapping Guidelines

If less than 80% of the cost center's activity relates to Patient Accounting Services, use an alternate department. Options include the 05602, Patient Financial Services department; 05672, Consolidated Business Office department; or G5600, Other Revenue Cycle Management Services department.

Patient Accounting Services Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Cycle Time - Number of days

Number of days from the date of patient discharge to when the claim is submitted to the payer.

Gross Dollars in Final Bill not Submitted to Payer

Total gross dollars included in the final patient bill but have not been submitted to the payer for the reporting period.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).
Inpatient Accounts Billed

The total separate bills issued to payer sources for payment of inpatient services. Count only inpatient (i.e., patients with room charges) primary, secondary (or more) payers billed. Include each time a bill is sent as an Inpatient Accounts Billed, including rebills and billing of secondary payers. Exclude normal newborn accounts from the count.

This is a subset of Total Accounts Billed.

Inpatient Registrations Supported

Total facility inpatient registrations.

This is a subset of Patient Registrations Supported.

Original Claims

The total original claims (unique billing episode) submitted to a payer source. Include only first claims. For accounts with multiple cycles, such as long-term accounts, count only the first claims in the cycles. If you bill multiple payer sources, be sure to include each payer source in the count.

This is a subset of Total Accounts Billed.

Patient Registrations Supported

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one-time use or long-term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

Serial Registrations Supported

Total outpatient registrations which are valid over a specified length of time regardless of the number of visits.

This is a subset of Outpatient Registrations Supported.
Total Accounts Billed

The total separate bills issued to payer sources for payment. A payer source may be primary, secondary, or tertiary. Count the total of all bills issued to payers. Include both electronic and hand-prepared bills, including rebills. If you send a bill to more than one payer, be sure to include all in the count. For example, a bill to a primary and a secondary carrier counts as two bills. Exclude billings performed on behalf of physicians when physicians receive the resulting reimbursement directly payable to them (i.e., split billing). For these types of billings, only the hospital-related bill should be included in the count. However, do count physician-related billings that are received by the hospital, credited as revenue, and then expensed as payment to physicians (i.e., combined billing). Note: For inpatient accounts, you may cycle bill long-term patient admissions. For outpatient accounts, you may have long life accounts used for some form of serial billing. Each cycle bill counts toward Accounts Billed using the above methodologies. Do not include data mailers in the count of Total Accounts Billed.

Total Claims Accepted

Total claims accepted into claims scrubber tool for editing prior to submission for the reporting period.

Total Claims Audited

Total number of claims audited for the reporting period. This will include claims that had requests for additional information that results in a delayed payment.

Total Claims Denied

Total number of claims that have been denied for the reporting period. This will include claims that have received payments for less than the full expected reimbursement amount.

Total Claims Remitted

Total number of claims remitted for the reporting period.

Total Claims that Pass Edits

Total number of claims that pass edits requiring no manual intervention by department staff for the reporting period.

Total Dollars Collected

Total dollars collected (both third party and patient co-pays) during the reporting period. This includes all cash collections from all sources related to patient accounts.

Total Zero Paid Claims Denied

Total number of zero paid claims denied for the reporting period.
Patient Accounting Services Department Hour Elements

**Paid Hours: Contract Labor**
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Billing Staff**
Total hours worked by staff performing billing, follow-up, and collections activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.
Patient Accounting Services Expense Elements

Contract Service Expense
Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense
Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Patient Accounting Services Mandatory Elements
The following data elements are mandatory for this department.

- Labor Expense
- Original Claims
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff

Patient Accounting Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the following functions:

• Cashiering services, e.g., collection of payments for previously billed services
• Collection fees, e.g., fees paid to a outside party to collect outstanding bills owed
• Insurance verification (billing phase)—include time spent on validation of coverage
• Legal fees incurred for collection of patient accounts
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

• Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Revenue Cycle Management)
• Admitting and registration activities, e.g., receipt of reservation request, collection of patient identification data/insurance information, assignment of patient account numbers
• Billing for mail order prescriptions
• Credit and collections, e.g., recovering outstanding patient account balances after third party payments have been applied
• Credit screening, e.g., gathering and validation of patient financial information
• Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
• Hospital chargemaster maintenance
• Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
• Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures
• Physician billing, unless combined on same bill with hospital services, e.g., processing the claim for reimbursement by third party payer
05671, Credit and Collections

This department performs the revenue collection function, including denial management.

Credit and Collections Mapping Guidelines

If less than 80% of the cost center’s activity relates to Credit and Collection, use an alternate department. Options include the 05670, Patient Accounting department or G5600, Other Revenue Cycle Management Services department.

Credit and Collections Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Inpatient Accounts Supported

Total separate bills issued to payer sources for payment of inpatient services.

This is a subset of Total accounts supported.

Original Claims Supported

Total original claims unique billing episode submitted to a payer source.

This is a subset of Total accounts supported.
Total Accounts Supported

The total separate bills issued to payer sources for payment. A payer source may be primary, secondary, or tertiary. Count the total of all bills issued to payers. Include both electronic and hand-prepared bills, including rebills. If you send a bill to more than one payer, be sure to include all in the count. For example, a bill to a primary and a secondary carrier counts as two bills. Exclude billings performed on behalf of physicians when physicians receive the resulting reimbursement directly payable to them (i.e., split billing). For these types of billings, only the hospital-related bill should be included in the count. However, do count physician-related billings that are received by the hospital, credited as revenue, and then expensed as payment to physicians (i.e., combined billing). Note: For inpatient accounts, you may cycle bill long-term patient admissions. For outpatient accounts, you may have long life accounts used for some form of serial billing. Each cycle bill counts toward Accounts Supported using the above methodologies. Do not include data mailers in the count of Total Accounts Supported.

Credit and Collections Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Credit and Collections Staff

Total hours worked by staff performing revenue collections activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Credit and Collections Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.
This is a subset of Other Direct Operating Expense.

**Credit and Collections Mandatory Elements**

The following data elements are mandatory for this department.

- Labor Expense
- Original Claims Supported
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Credit and Collections Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Credit and collections, e.g., recovering outstanding patient account balances after third party payments have been applied

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications

**05672, Consolidated Business Office**

This department performs patient claims processing and revenue collection activities as a consolidated function, including claims preparation, submission, follow-up services, denial management and judicial affairs functions such as collection efforts including wage garnishments and taking tax refunds.

**Consolidated Business Office Mapping Guidelines**

If your organization has separate and distinct cost centers for Patient Accounting and Credit and Collections, map to the appropriate individual departments. If you use this department, do not create a primary instance of 05670, Patient Accounting Services department or 05671, Credit and Collections department.
Consolidated Business Office Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Appealed Claims

A request to a payer for additional payment, whether filed through an online website or sent on paper, when the claim has been paid inaccurately.

This is a subset of Total Accounts Billed.

Cycle Time - Number of days

Number of days from the date of patient discharge to when the claim is submitted to the payer.

Gross Dollars in Final Bill not Submitted to Payer

Total gross dollars included in the final patient bill but have not been submitted to the payer for the reporting period.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Inpatient Accounts Billed

The total separate bills issued to payer sources for payment of inpatient services. Count only inpatient (i.e., patients with room charges) primary, secondary (or more) payers billed. Include each time a bill is sent as an Inpatient Accounts Billed, including rebills and billing of secondary payers. Exclude normal newborn accounts from the count.

This is a subset of Total Accounts Billed.

Inpatient Registrations Supported

Total facility inpatient registrations.
This is a subset of Patient Registrations Supported.

**Original Claims**

The total original claims (unique billing episode) submitted to a payer source. Include only first claims. For accounts with multiple cycles, such as long-term accounts, count only the first claims in the cycles. If you bill multiple payer sources, be sure to include each payer source in the count.

This is a subset of Total Accounts Billed.

**Patient Registrations Supported**

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one-time use or long-term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

**Patient Statements**

A bill generated to a patient for services rendered. Include self pay statements as well as statements for the balance due from the patient after insurance has paid.

This is a subset of Total Accounts Billed.

**Rebilled Claims**

A resubmission of an original claim sent to a payer for reconsideration. Both electronic and paper submissions should be counted.

This is a subset of Total Accounts Billed.

**Serial Registrations Supported**

Total outpatient registrations which are valid over a specified length of time regardless of the number of visits.

This is a subset of Outpatient Registrations Supported.
Total Accounts Billed

The total separate bills issued to payer sources for payment. A payer source may be primary, secondary, or tertiary. Count the total of all bills issued to payers. Include both electronic and hand-prepared bills, including rebills. If you send a bill to more than one payer, be sure to include all in the count. For example, a bill to a primary and a secondary carrier counts as two bills. Exclude billings performed on behalf of physicians when physicians receive the resulting reimbursement directly payable to them (i.e., split billing). For these types of billings, only the hospital-related bill should be included in the count. However, do count physician-related billings that are received by the hospital, credited as revenue, and then expensed as payment to physicians (i.e., combined billing). Note: For inpatient accounts, you may cycle bill long-term patient admissions. For outpatient accounts, you may have long life accounts used for some form of serial billing. Each cycle bill counts toward Accounts Billed using the above methodologies. Do not include data mailers in the count of Total Accounts Billed.

Total Claims Accepted

Total claims accepted into claims scrubber tool for editing prior to submission for the reporting period.

Total Claims Audited

Total number of claims audited for the reporting period. This will include claims that had requests for additional information that results in a delayed payment.

Total Claims Denied

Total number of claims that have been denied for the reporting period. This will include claims that have received payments for less than the full expected reimbursement amount.

Total Claims Remitted

Total number of claims remitted for the reporting period.

Total Claims that Pass Edits

Total number of claims that pass edits requiring no manual intervention by department staff for the reporting period.

Total Dollars Collected

Total dollars collected (both third party and patient co-pays) during the reporting period. This includes all cash collections from all sources related to patient accounts.

Total Zero Paid Claims Denied

Total number of zero paid claims denied for the reporting period.
Consolidated Business Office Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Billing Staff

Total hours worked by staff performing billing, follow-up, and collections activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Credit and Collections Staff

Total hours worked by staff performing revenue collections activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Consolidated Business Office Expense Elements**

**Contract Service Expense**

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Consolidated Business Office Mandatory Elements**

The following data elements are mandatory for this department.
- Labor Expense
- Original Claims
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Worked Hours: Staff

**Consolidated Business Office Normalizations**

Include the hours, costs and volumes (where applicable) associated with the following functions:

- Cashiering services, e.g., collection of payments for previously billed services
- Collection fees, e.g., fees paid to a outside party to collect outstanding bills owed
- Insurance verification (billing phase)—include time spent on validation of coverage
- Legal fees incurred for collection of patient accounts
- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Revenue Cycle Management)
- Admitting and registration activities, e.g., receipt of reservation request, collection of patient identification data/insurance information, assignment of patient account numbers
- Billing for mail order prescriptions
- Credit screening, e.g., gathering and validation of patient financial information
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Hospital chargemaster maintenance
- Insurance verification - initial time spent obtaining name and identification and pre-admission certification during the admission process
- Insurance verification (concurrent review phase)—time spent obtaining certification for continued services while patient is in-house such as obtaining authorization for another day of stay or additional procedures

- Physician billing, unless combined on same bill with hospital services, e.g., processing the claim for reimbursement by third party payer

**F5601, Revenue Cycle Management Functional Rollup**

This rollup department includes all revenue cycle management services, admitting and registration, inpatient admitting, outpatient admitting, centralized scheduling, financial counseling, patient accounting, credit and collections, medical plan contracting regardless of reporting relationship.

**Revenue Cycle Management Functional Rollup Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Appealed Claims**

A request to a payer for additional payment, whether filed through an online website or sent on paper, when the claim has been paid inaccurately.

This is a subset of Total Accounts Billed.

**Charity Care Applications Facilitated**

Total number of initial charity care applications received by department staff for the reporting period. This does not include follow-up requests for information.

This is a subset of Total Patients Counseled.
Charts Abstracted

The total number of charts abstracted by the department staff for the reporting period. Count charts abstracted as one chart per episode of care for which abstraction is needed unless it is a chart abstraction specific to a cancer type. In that case, count one chart abstracted per type of cancer. For example, if Mary Jones has breast cancer and lung cancer and was treated for both cancers during one inpatient stay, it would count as two charts abstracted.

Cycle Time - Number of days

Number of days from the date of patient discharge to when the claim is submitted to the payer.

Disability Applications Facilitated

Total number of initial disability applications facilitated by department staff for the reporting period.

This is a subset of Total Patients Counseled.

Gross Dollars in Final Bill not Submitted to Payer

Total gross dollars included in the final patient bill but have not been submitted to the payer for the reporting period.

Gross Revenue Supported

Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Inbound Communications

This represents the number of communications initiated by the customer whom the facility typically offers support, handle problematic questions, and offer suggestions, with the intention to solve the issues of the customers. This value is the sum of “inbound calls” and “inbound other” communications.

Inpatient Accounts Billed

The total separate bills issued to payer sources for payment of inpatient services. Count only inpatient (i.e., patients with room charges) primary, secondary (or more) payers billed. Include each time a bill is sent as an Inpatient Accounts Billed, including rebills and billing of secondary payers. Exclude normal newborn accounts from the count.

This is a subset of Total Accounts Billed.
Inpatient Preadmissions

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed through a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Patient Registrations.

Inpatient Registrations

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed through a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Patient Registrations.

Lines of Transcription Produced Internally

The total transcribed lines produced by department staff. If the department does not internally produce transcription, enter "0." If the data is not available, leave the field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

This is a subset of Lines of Transcription Provided.

Lines of Transcription Provided

The total lines of transcription provided (either produced and/or purchased). If for externally purchased transcription only dollars are available, obtain the average dollar per line rate charged by the contract source to estimate the transcribed lines (charged dollars / average rate = lines). If the department produces and purchases transcription and one of the values cannot be provided, leave this field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

Medicaid Applications Facilitated

Total number of initial medicaid applications facilitated by department staff for the reporting period.

This is a subset of Total Patients Counseled.
Original Claims

The total original claims (unique billing episode) submitted to a payer source. Include only first claims. For accounts with multiple cycles, such as long-term accounts, count only the first claims in the cycles. If you bill multiple payer sources, be sure to include each payer source in the count.

This is a subset of Total Accounts Billed.

Other Outpatient Registrations

The total registrations of all outpatients who do not fall into Special Outpatient Registrations category: generally for outpatient clinics and/or referrals (e.g., laboratory or radiology procedures). They may or may not use serial registration. Special Outpatient Registrations plus Other Outpatient Registrations should equal Total Outpatient Registrations. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

This is a subset of Patient Registrations.

Outbound Communications

This represents the number of communications initiated by the organization, reaching customers that are typically not expecting this form of communication. This value is the sum of “outbound calls” and “outbound other” communications.

Patient Records Completed (inc Newborns)

The total discrete patient medical records (i.e., charts) completed, including normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) completed during the reporting period. The medical record must have had some action taken (e.g., coding, reviewing for completeness), not merely filing a document in a folder or indexing for electronic storage.

Patient Registrations

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one-time use or long-term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.

Patient Statements

A bill generated to a patient for services rendered. Include self pay statements as well as statements for the balance due from the patient after insurance has paid.
This is a subset of Total Accounts Billed.

**Rebilled Claims**

A resubmission of an original claim sent to a payer for reconsideration. Both electronic and paper submissions should be counted.

This is a subset of Total Accounts Billed.

**Self Pay Patients Reviewed**

Total number of patients registered as self pay patients only and reviewed by department staff for the reporting period. Do not include balance after insurance of denials for non-coverage of service.

This is a subset of Total Patients Counseled.

**Serial Registrations**

The total outpatient registrations that are valid over a specified length of time regardless of the number of visits. Count those registrations that are not for one-time use. Typically, the patient registration is created at the first visit. On subsequent visits, the patient goes directly to the point of service without being registered again. The patient therefore has one account number associated with all of the visits. The facility may have the patient stop by on subsequent visits to update financial information or review registration data for accuracy, but this does not affect the count. This is a registration methodology, not a type of outpatient service (as in Special Outpatient Registrations). Therefore, you may record outpatient registrations in this category as well as in Involved Outpatient Registrations or Other Outpatient Registrations.

This is a subset of Patient Registrations.

**Special Outpatient Registrations**

The total outpatient registrations for the Emergency department, ambulatory surgery, cardiac cath lab, endoscopy lab, and other areas requiring patient consent for treatment. This includes registrations that require more intensive medical records involvement. Although patient consent is obtained for other types of accounts (e.g., clinic visits), this category includes patients that are treated in an ambulatory non-clinic, non-referral setting. There frequently are additional consent forms requir

This is a subset of Patient Registrations.
Total Accounts Billed

The total separate bills issued to payer sources for payment. A payer source may be primary, secondary, or tertiary. Count the total of all bills issued to payers. Include both electronic and hand-prepared bills, including rebills. If you send a bill to more than one payer, be sure to include all in the count. For example, a bill to a primary and a secondary carrier counts as two bills. Exclude billings performed on behalf of physicians when physicians receive the resulting reimbursement directly payable to them (i.e., split billing). For these types of billings, only the hospital-related bill should be included in the count. However, do count physician-related billings that are received by the hospital, credited as revenue, and then expensed as payment to physicians (i.e., combined billing). Note: For inpatient accounts, you may cycle bill long-term patient admissions. For outpatient accounts, you may have long life accounts used for some form of serial billing. Each cycle bill counts toward Accounts Billed using the above methodologies. Do not include data mailers in the count of Total Accounts Billed.

Total Appointment Activity

Total number of patient appointments added, moved, or cancelled during the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

Total Claims Accepted

Total claims accepted into claims scrubber tool for editing prior to submission for the reporting period.

Total Claims Audited

Total number of claims audited for the reporting period. This will include claims that had requests for additional information that results in a delayed payment.

Total Claims Denied

Total number of claims that have been denied for the reporting period. This will include claims that have received payments for less than the full expected reimbursement amount.

Total Claims Remitted

Total number of claims remitted for the reporting period.

Total Claims that Pass Edits

Total number of claims that pass edits requiring no manual intervention by department staff for the reporting period.

Total Communications

This represents the total communications that are related to appointments within the organization. This value is the sum of "inbound communications" and "outbound communications."
Total Dollars Collected

Total dollars collected (both third party and patient co-pays) during the reporting period. This includes all cash collections from all sources related to patient accounts.

Total Patients Counseled

Total number of initial charity care, medicaid and disability applications facilitated as well as self pay patient accounts reviewed during the reporting period.

Total Payment Contract Proposals

The total service reimbursement contract proposals prepared. They may take the form of capitated, case based, discounted payment, or per diem reimbursement and may be with HMOs or PPOs, or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

Total Zero Paid Claims Denied

Total number of zero paid claims denied for the reporting period.

Revenue Cycle Management Functional Rollup Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Admitting Staff

Total hours worked by patient admitting staff performing registration activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Analyst

Total hours worked by analysis staff that track financial status by monitoring variances from contracts and budgets, assemble and summarize data and prepare reports of findings, analyses, and recommendations.

This is a subset of Worked Hours: Staff.
**Worked Hours: Billing Staff**

Total hours worked by staff performing billing, follow-up, and collections activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Clinical Documentation Improvement Specialist**

Total number of hours worked by all Clinical Documentation Improvement Specialists.

This is a subset of Worked Hours: Staff.

**Worked Hours: Coder**

Total number of hours worked by medical coding professionals for all payer types.

This is a subset of Worked Hours: Staff.

**Worked Hours: Credit and Collections Staff**

Total hours worked by staff performing revenue collections activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: Disease Registry Abstractor**

Total number of hours worked by all disease registry personnel. Include worked hours for all registries which reside in the department with the exception of Birth or Trauma Registry.

This is a subset of Worked Hours: Staff.

**Worked Hours: Financial Counseling Staff**

Total hours worked by financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Marketing and Negotiating Staff
Total hours worked by marketing and contract negotiating staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
 Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Patient Registration and Admitting Staff
Total hours worked by patient admitting and registration staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Pre Certification Staff
Total hours worked by patient pre-certification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services.

This is a subset of Worked Hours: Staff.

Worked Hours: PreCertification, Financial Counseling Staff
Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.
Worked Hours: Records Scanning Specialist Staff

Total number of hours worked by staff who perform imaging or scanning of medical records and convert paper documents into digital format.

This is a subset of Worked Hours: Staff.

Worked Hours: Registration Staff

Total hours worked by patient admitting and registration staff performing registration activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Scheduling Staff

Total hours worked by a schedulers responsible for generating a distinct block of time for a patient to receive a service.

Worked Hours: Scheduling/Registration Staff

Total hours worked by a scheduler/registrar responsible for generating a distinct block of time and completing a registrations for a patient to receive a service within the hospital.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Transcriptionist and Transcriptionist Editor

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

Revenue Cycle Management Functional Rollup Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Supply Expense**

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

**Revenue Cycle Management Functional Rollup Mandatory Elements**

The following data elements are mandatory for this department.

- Charts Abstracted
- Labor Expense
- Original Claims
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Registrations
- Total Appointment Activity
- Total Communications
• Total Patients Counseled

• Total Payment Contract Proposals

• Worked Hours: Staff

**G5601, Other Revenue Cycle Management**

This generic department includes cost centers belonging to Revenue Cycle Management that do not meet the current standard department definition and therefore cannot be mapped directly to an individual standard department.

**Other Revenue Cycle Management Workload Volumes**

**Adjusted Discharges Supported**

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

**Appealed Claims**

A request to a payer for additional payment, whether filed through an online website or sent on paper, when the claim has been paid inaccurately.

This is a subset of Total Accounts Billed.

**Charity Care Applications Facilitated**

Total number of initial charity care applications received by department staff for the reporting period. This does not include follow-up requests for information.

This is a subset of Total Patients Counseled.

**Charts Abstracted**

The total number of charts abstracted by the department staff for the reporting period. Count charts abstracted as one chart per episode of care for which abstraction is needed unless it is a chart abstraction specific to a cancer type. In that case, count one chart abstracted per type of cancer. For example, if Mary Jones has breast cancer and lung cancer and was treated for both cancers during one inpatient stay, it would count as two charts abstracted.
Cycle Time - Number of days
Number of days from the date of patient discharge to when the claim is submitted to the payer.

Disability Applications Facilitated
Total number of initial disability applications facilitated by department staff for the reporting period.
This is a subset of Total Patients Counseled.

Gross Dollars in Final Bill not Submitted to Payer
Total gross dollars included in the final patient bill but have not been submitted to the payer for the reporting period.

Gross Revenue Supported
Total dollar revenue receivable for inpatient, outpatient, non patient and external services and products supported by the department. Include revenue (non-operating) not directly related to patient care or generated in the day to day operations of the business units (donations, interest income from investments of unrestricted funds, gains on sale of property, grants, gifts and bonds, research funds, etc.).

Inbound Communications
This represents the number of communications initiated by the customer whom the facility typically offers support, handle problematic questions, and offer suggestions, with the intention to solve the issues of the customers. This value is the sum of "inbound calls" and "inbound other" communications.

Inpatient Accounts Billed
The total separate bills issued to payer sources for payment of inpatient services. Count only inpatient (i.e., patients with room charges) primary, secondary (or more) payers billed. Include each time a bill is sent as an Inpatient Accounts Billed, including rebills and billing of secondary payers. Exclude normal newborn accounts from the count.
This is a subset of Total Accounts Billed.

Inpatient Preadmissions
The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed though a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.
This is a subset of Patient Registrations.
Inpatient Registrations

The total inpatients processed through a preregistration regimen. Exclude Emergency department admissions. Count all inpatients processed though a preregistration regimen (to gather demographic, insurance information, etc.) except those referred from the ED. Be sure to include preregistrations performed for urgent admissions referred to the department with less than 24 hours notice. Count preregistrations initiated by the physician's office if the information gathered (e.g., demographic material, insurance coverage information) benefits the Admitting department, not just the physician.

This is a subset of Patient Registrations.

Lines of Transcription Produced Internally

The total transcribed lines produced by department staff. If the department does not internally produce transcription, enter "0." If the data is not available, leave the field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

This is a subset of Lines of Transcription Provided.

Lines of Transcription Provided

The total lines of transcription provided (either produced and/or purchased). If for externally purchased transcription only dollars are available, obtain the average dollar per line rate charged by the contract source to estimate the transcribed lines (charged dollars / average rate = lines). If the department produces and purchases transcription and one of the values cannot be provided, leave this field blank. If keystrokes are maintained, divide by 65 to convert to lines of transcription.

Medicaid Applications Facilitated

Total number of initial medicaid applications facilitated by department staff for the reporting period.

This is a subset of Total Patients Counseled.

Original Claims

The total original claims (unique billing episode) submitted to a payer source. Include only first claims. For accounts with multiple cycles, such as long-term accounts, count only the first claims in the cycles. If you bill multiple payer sources, be sure to include each payer source in the count.

This is a subset of Total Accounts Billed.

Other Outpatient Registrations

The total registrations of all outpatients who do not fall into Special Outpatient Registrations category: generally for outpatient clinics and/or referrals (e.g., laboratory or radiology procedures). They may or may not use serial registration. Special Outpatient Registrations plus Other Outpatient Registrations should equal Total Outpatient Registrations. Each pre-registration or each "quick registration" that creates a patient encounter should be counted as an individual registration.
This is a subset of Patient Registrations.

**Outbound Communications**

This represents the number of communications initiated by the organization, reaching customers that are typically not expecting this form of communication. This value is the sum of “outbound calls” and “outbound other” communications.

**Patient Records Completed (inc Newborns)**

The total discrete patient medical records (i.e., charts) completed, including normal newborns. Count all patient medical records (inpatient, Ambulatory clinic, observation, outpatient ancillary, same day surgery, and emergency patients) completed during the reporting period. The medical record must have had some action taken (e.g., coding, reviewing for completeness), not merely filing a document in a folder or indexing for electronic storage.

**Patient Registrations**

The total patient registrations resulting in a separate patient account number. Exclude normal newborns. This includes all inpatient and outpatient registrations during the reporting period. Each registration creates a separate patient account number or equivalent identifier ultimately used by patient accounting to produce patient bills. Outpatient registrations may be either for one-time use or long-term use (i.e., serial). Outpatient serial registrations count as one registration, regardless of the number of times the patient returns for subsequent treatments/visits. The facility may have the patient stop by on subsequent visits to update financial information or just to review registration data for accuracy, but this does not affect the count if a new registration is not created. Do not include registrations for lab specimens (where only the specimens come to the hospital, and not the patient) in this count. Each pre-registration or each “quick registration” that creates a patient encounter should be counted as an individual registration.

**Patient Statements**

A bill generated to a patient for services rendered. Include self pay statements as well as statements for the balance due from the patient after insurance has paid.

This is a subset of Total Accounts Billed.

**Rebilled Claims**

A resubmission of an original claim sent to a payer for reconsideration. Both electronic and paper submissions should be counted.

This is a subset of Total Accounts Billed.

**Self Pay Patients Reviewed**

Total number of patients registered as self pay patients only and reviewed by department staff for the reporting period. Do not include balance after insurance of denials for non-coverage of service.
This is a subset of Total Patients Counseled.

**Serial Registrations**

The total outpatient registrations that are valid over a specified length of time regardless of the number of visits. Count those registrations that are not for one-time use. Typically, the patient registration is created at the first visit. On subsequent visits, the patient goes directly to the point of service without being registered again. The patient therefore has one account number associated with all of the visits. The facility may have the patient stop by on subsequent visits to update financial information or review registration data for accuracy, but this does not affect the count. This is a registration methodology, not a type of outpatient service (as in Special Outpatient Registrations). Therefore, you may record outpatient registrations in this category as well as in Involved Outpatient Registrations or Other Outpatient Registrations.

This is a subset of Patient Registrations.

**Special Outpatient Registrations**

The total outpatient registrations for the Emergency department, ambulatory surgery, cardiac cath lab, endoscopy lab, and other areas requiring patient consent for treatment. This includes registrations that require more intensive medical records involvement. Although patient consent is obtained for other types of accounts (e.g., clinic visits), this category includes patients that are treated in an ambulatory non-clinic, non-referral setting. There frequently are additional consent forms requir

This is a subset of Patient Registrations.

**Total Accounts Billed**

The total separate bills issued to payer sources for payment. A payer source may be primary, secondary, or tertiary. Count the total of all bills issued to payers. Include both electronic and hand-prepared bills, including rebills. If you send a bill to more than one payer, be sure to include all in the count. For example, a bill to a primary and a secondary carrier counts as two bills. Exclude billings performed on behalf of physicians when physicians receive the resulting reimbursement directly payable to them (i.e., split billing). For these types of billings, only the hospital-related bill should be included in the count. However, do count physician-related billings that are received by the hospital, credited as revenue, and then expensed as payment to physicians (i.e., combined billing). Note: For inpatient accounts, you may cycle bill long-term patient admissions. For outpatient accounts, you may have long life accounts used for some form of serial billing. Each cycle bill counts toward Accounts Billed using the above methodologies. Do not include data mailers in the count of Total Accounts Billed.

**Total Appointment Activity**

Total number of patient appointments added, moved, or cancelled during the reporting period. An appointment is defined as a distinct block of scheduled time for a specific patient service, which includes visits, procedures, treatments, consultations, education, and/or tests.

**Total Claims Accepted**

Total claims accepted into claims scrubber tool for editing prior to submission for the reporting period.
Total Claims Audited
Total number of claims audited for the reporting period. This will include claims that had requests for additional information that results in a delayed payment.

Total Claims Denied
Total number of claims that have been denied for the reporting period. This will include claims that have received payments for less than the full expected reimbursement amount.

Total Claims Remitted
Total number of claims remitted for the reporting period.

Total Claims that Pass Edits
Total number of claims that pass edits requiring no manual intervention by department staff for the reporting period.

Total Communications
This represents the total communications that are related to appointments within the organization. This value is the sum of “inbound communications” and “outbound communications.”

Total Dollars Collected
Total dollars collected (both third party and patient co-pays) during the reporting period. This includes all cash collections from all sources related to patient accounts.

Total Patients Counseled
Total number of initial charity care, medicaid and disability applications facilitated as well as self pay patient accounts reviewed during the reporting period.

Total Payment Contract Proposals
The total service reimbursement contract proposals prepared. They may take the form of capitated, case based, discounted payment, or per diem reimbursement and may be with HMOs or PPOs, or other government agencies. The proposal may or may not have resulted in a contractual agreement. Do not count the number of times the proposal may have been reworked, just the final proposal.

Total Zero Paid Claims Denied
Total number of zero paid claims denied for the reporting period.
Other Revenue Cycle Management  Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Admitting Staff
Total hours worked by patient admitting staff performing registration activities.
This is a subset of Worked Hours: Staff.

Worked Hours: Analyst
Total hours worked by analysis staff that track financial status by monitoring variances from contracts and budgets, assemble and summarize data and prepare reports of findings, analyses, and recommendations.
This is a subset of Worked Hours: Staff.

Worked Hours: Billing Staff
Total hours worked by staff performing billing, follow-up, and collections activities.
This is a subset of Worked Hours: Staff.

Worked Hours: Clinical Documentation Improvement Specialist
Total number of hours worked by all Clinical Documentation Improvement Specialists.
This is a subset of Worked Hours: Staff.

Worked Hours: Coder
Total number of hours worked by medical coding professionals for all payer types.
This is a subset of Worked Hours: Staff.
Worked Hours: Credit and Collections Staff

Total hours worked by staff performing revenue collections activities.

This is a subset of Worked Hours: Staff.

Worked Hours: Disease Registry Abstractor

Total number of hours worked by all disease registry personnel. Include worked hours for all registries which reside in the department with the exception of Birth or Trauma Registry.

This is a subset of Worked Hours: Staff.

Worked Hours: Financial Counseling Staff

Total hours worked by financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Marketing and Negotiating Staff

Total hours worked by marketing and contract negotiating staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Patient Registration and Admitting Staff

Total hours worked by patient admitting and registration staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Pre Certification Staff

Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services.

This is a subset of Worked Hours: Staff.

Worked Hours: PreCertification, Financial Counseling Staff

Total hours worked by patient precertification staff that are responsible for obtaining and presenting documentation to payers in an effort to obtain admission authorization and ensure reimbursement for hospital services and financial counseling staff that review cost of hospital services and payment options with patients.

This is a subset of Worked Hours: Staff.

Worked Hours: Records Scanning Specialist Staff

Total number of hours worked by staff who perform imaging or scanning of medical records and convert paper documents into digital format.

This is a subset of Worked Hours: Staff.

Worked Hours: Registration Staff

Total hours worked by patient admitting and registration staff performing registration activities.

This is a subset of Worked Hours: Staff.
Worked Hours: Scheduling Staff

Total hours worked by a schedulers responsible for generating a distinct block of time for a patient to receive a service.

This is a subset of Worked Hours: Staff.

Worked Hours: Scheduling/Registration Staff

Total hours worked by a scheduler/registrar responsible for generating a distinct block of time and completing a registrations for a patient to receive a service within the hospital.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Transcriptionist and Transcriptionist Editor

Total hours worked by medical transcriptionist staff.

This is a subset of Worked Hours: Staff.

Other Revenue Cycle Management Expense Elements

Contract Service Expense

Total expense for services (e.g. collections, transcription, release of information, coding, etc.) provided by outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Supply Expense

Total expense for department operating supplies.

This is a subset of Other Direct Operating Expense.

Other Revenue Cycle Management Mandatory Elements

The following data elements are mandatory for this department:

- Charts Abstracted
- Inpatient Registrations
- Labor Expense
- Original Claims
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Patient Registrations
- Total Appointment Activity
- Total Communications
- Total Patients Counseled
- Total Payment Contract Proposals
- Worked Hours: Staff

Other Revenue Cycle Management Normalizations
Include the hours, costs and volumes (where applicable) associated with the following functions:

- Credit screening, e.g., gathering and validation of patient financial information
- Financial assistance counseling, e.g., financial clearance processing, providing price estimates, completion of Medicaid, Charity and Disability applications
- Hospital chargemaster maintenance
- Medical Plan Contracting - The contracting, tracking of contracts, and financial support for negotiations
- Medical records transcription (e.g., lines produced internally or outsourced; do not include transcription services from Laboratory and Imaging Services Departments)
- Pre-admission certification, e.g., communicating with insurance companies to gain approval for a person to be admitted to the hospital, granted prior to admission
- Rate-Setting, e.g., develop and implement rates for the organization
- Tumor Registry - the activities involved in capturing history, diagnosis, treatment and health status for tumor patients

Exclude the hours, costs and volumes (where applicable) associated with the following functions:

- Administration of Indigent Drug Program, e.g., assisting patients to help qualify for assistance to be able to receive prescription medications; indigent drug programs (Revenue Cycle Management)
- Clinical Documentation Improvement (CDI), e.g., activities that facilitate the accurate representation of a patient's clinical status which is translated into coded data
- Medical Library functions, e.g., Librarian
- Maintaining Medical records (the systematic documentation of a single patient's medical history and care across time) for Ambulatory Care Clinics (if onsite patient records)
- Medical records transcription, e.g., lines produced internally or outsourced (Imaging)
- Medical records transcription, e.g., lines produced internally or outsources (Laboratory). This includes transcription from dictation capture to document distribution and storage, including associate transcription.
- Physician billing, unless combined on same bill with hospital services, e.g., processing the claim for reimbursement by third party payer
- Pre-admission Certification (follow-up) while patient is in-house or retrospective review, e.g., to assist with managing providers to ensure they are not treating patients with too many services
Chapter 38. Supply Chain Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 05301, Combined Procurement, Receiving and Warehousing 2194
- 05310, Procurement 2202
- 05320, Receiving and Warehousing 2207
- 05342, Courier Service 2214
- 05399, Supply Chain Services Administration and Support 2218
- F5300, Supply Chain Services Functional Rollup 2224
- G5300, Other Supply Chain Services 2232

05301, Combined Procurement, Receiving and Warehousing

This department is responsible for the tactical functions of purchasing for the organization once vendors have been sourced. Functions may include, but are not limited to: acquiring or buying, requiring vendors meet their contracted or negotiated prices, tracking and validating goods and services. This department is also responsible for checking the quality, quantity, and condition of incoming supplies and equipment as well as the storage and distribution of goods and materials. These functions include but are not limited to identification, inspection, verification, putting away, and retrieval for issue.

Combined Procurement, Receiving and Warehousing Mapping Guidelines

If your organization has separate and distinct cost centers for procurement, receiving and warehousing, map to the appropriate individual departments. If you use this department, do not create a primary instance of 05310, Procurement department or 05320, Receiving and Warehousing department.
Combined Procurement, Receiving and Warehousing Workload Volumes

Acquisition Value

The amount entered for Acquisition Value represents the total dollar value of only the acquisitions purchased through the procurement department. Therefore, do not include amounts that may have been purchased within other departments like Food and Nutrition Services and or Pharmacy. This amount may be greater than the facility's total Other Direct Operating Expense reported on the General Facility Department (00100) due to capital asset or inventory purchases that do not fully hit Direct Operating Expense within the reporting period.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

CMI Weighted Adjusted Discharges Supported

The value entered for Case Mix Index Weighted Adjusted Discharges Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Discharges for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

CMI Weighted Adjusted Patient Days Supported

The value entered for Case Mix Index Weighted Adjusted Patient Days Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Patient Days for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

Fill Rates from Perpetual Inventory

This number represents the percent of items requested that are filled on the first try.
Initial Orders Processed

The total original purchase orders issued by the department. Count all one time, standing, and master purchase orders processed against a master purchase order created/issued during the reporting period. Also count standing purchase orders, such as an automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Orders may be for stocked and non stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain.

This is a subset of Release Orders Processed.

Items Issued

Total items issued or distributed to the end user by the receiving and warehousing department staff. If the end user requests 2 boxes of pencils, then the amount submitted is 2. If the end users orders 10 pencils then the amount submitted would be 10.

Items Put Away

Total items that have been placed into a storage containment unit located outside of the receiving and warehousing department so the products can be directly pulled by the end user.

Items Received

Total items received from suppliers by the receiving/warehousing department staff. Count the number of items that is representative of the purchased units. For example, if a shipment has received 50 cases of pencils and there are 100 boxes to each case with 10 pencils contained within each box, the amount submitted is 50.

Line Items Stocked in Perpetual Inventory (SKU)

The total number of individual products stocked and maintained in Receiving and Warehouse inventory. Do not include those that are managed by other end users. This represents the number stock keeping units (SKU). This count should be significantly less than Items Handled.

Offsite Distribution Locations

The number of offsite distribution locations serviced by the Materials Mgmt department (i.e. clinics, physician offices, etc.)
Release Orders Processed

Total purchase orders and supply release documents issued through the department. The total includes all purchase orders prepared and release orders processed against a master purchase order created/issued during the reporting period. Count standing purchase orders, such as automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Count the initial master order for release orders and each release order issued. Orders may be for stocked and non-stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain. They may be either hand prepared or driven by automated systems.

Stock Inventory Turns

The total number of stock inventory turns managed. Count the average turnover rate of inventory. Using your inventory balance as of the end of the reporting period, divide the total of inventory purchases by the inventory balance. This equals the number of times in the reporting period that stock was replenished.

For example, the hospital has a $1,000,000 inventory as of 09/30/2004. For the reporting period from 07/01/2004 to 09/30/2004, the facility purchases of inventory items totaled $6,000,000. Dividing $6,000,000 (in purchases) by $1,000,000 (the inventory value) equals 6. The inventory turned over 6 times in the reporting period. If your inventory balance fluctuated widely during the reporting period, average the inventory balances rather than using the ending balance.

Total PAR Lines (non stock)

Total number of line items/stock keeping units (SKU) in all non-stocked PAR locations.

Total PAR Lines (stock)

Total number of line items/stock keeping units (SKU) in all stocked PAR locations from perpetual inventory.

Total PAR locations (non-stock)

Total number of non-stock Periodic Automated Replenishment (PAR) locations serviced by the receiving/warehousing department.

Total PAR locations (stock)

Total number of Periodic Automated Replenishment (PAR) locations filled from perpetual inventory serviced by the receiving/warehousing department.
Combined Procurement, Receiving and Warehousing Department Hour Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Buyer
Total hours worked by materials acquisition staff.
This is a subset of Worked Hours: Staff.

Worked Hours: Data Analyst
Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.
This is a subset of Worked Hours: Staff.

Worked Hours: Inventory Analyst
Total hours worked by staff responsible for reviewing and analyzing inventory received and distributed throughout the facility.
This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

Worked Hours: Material Control
Total hours worked for inventory control staff.
This is a subset of Worked Hours: Staff.

**Worked Hours: Material Handling**

Total hours worked for receiving, warehousing, distribution, and courier staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Sourcing**

Total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Systems Analyst (ie. MMIS)**

Total hours worked by staff responsible for creating, updating and or maintaining the facilities materials management information systems.

This is a subset of Worked Hours: Staff.
Combined Procurement, Receiving and Warehousing Expense Elements

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.
Combined Procurement, Receiving and Warehousing Mandatory Elements

The following data elements are mandatory for this department:

- Acquisition Value
- Items Issued
- Items Put Away
- Items Received
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Release Orders Processed
- Total PAR Lines (non stock)
- Total PAR Lines (stock)
- Total PAR locations (non-stock)
- Total PAR locations (stock)
- Worked Hours: Staff

Combined Procurement, Receiving and Warehousing Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- Personnel performing the functions of the department’s day to day managerial operations (Supply Chain)

- Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing department (Excludes food and pharmaceuticals)

Exclude the hours costs and volumes (where applicable) associated with the
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business (Supply Chain)

• Contract negotiations, analysis, and monitoring (Supply Chain)

• Courier Services, e.g., transporting of goods and supplies to and from facility and/or off-site locations. Do not include the lab courier function

• Information System Logistics (execute supply chain transactions, manage supplier relationships, and control associated business processes)

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Mail Room

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Supply Chain)

• Print Shop/Copy Center for the facility

• Sourcing (initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization, capital projects)

• Sterile Processing (depending upon the type of department)

• Value Analysis (identifies and selects the best value alternatives for designs, materials, processes, and systems)

• Vendor Relationships (improve trust and collaboration among supply chain partners, thus improving inventory visibility and the velocity of inventory movement)

05310, Procurement

This department is responsible for the tactical functions of purchasing for the organization once vendors have been sourced. These functions may include, but are not limited to: acquiring or buying, requiring vendors meet their contracted or negotiated prices, and tracking and validating goods and services.

Procurement Mapping Guidelines

If your cost center includes the receiving and warehousing functions, this department may not be an appropriate choice. Another option might be the 05301, Combined Procurement, Receiving and Warehousing department. If you use this department, do not create a primary instance of 05301, Combined Procurement, Receiving and Warehousing department.
Procurement Workload Volumes

Acquisition Value

The amount entered for Acquisition Value represents the total dollar value of only the acquisitions purchased through the procurement department. Therefore, do not include amounts that may have been purchased within other departments like Food and Nutrition Services and or Pharmacy. This amount may be greater than the facility's total Other Direct Operating Expense reported on the General Facility Department (00100) due to capital asset or inventory purchases that do not fully hit Direct Operating Expense within the reporting period.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

CMI Weighted Adjusted Discharges Supported

The value entered for Case Mix Index Weighted Adjusted Discharges Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Discharges for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

CMI Weighted Adjusted Patient Days Supported

The value entered for Case Mix Index Weighted Adjusted Patient Days Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Patient Days for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.
Initial Orders Processed

The total original purchase orders issued by the department. Count all one time, standing, and master purchase orders processed against a master purchase order created/issued during the reporting period. Also count standing purchase orders, such as an automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Orders may be for stocked and non-stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain.

This is a subset of Release Orders Processed.

Release Orders Processed

Total purchase orders and supply release documents issued through the department. The total includes all purchase orders prepared and release orders processed against a master purchase order created/issued during the reporting period. Count standing purchase orders, such as automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Count the initial master order for release orders and each release order issued. Orders may be for stocked and non-stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain. They may be either hand prepared or driven by automated systems.

Procurement Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Buyer

Total hours worked by materials acquisition staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Sourcing**

Total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Procurement Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Procurement Mandatory Elements**

The following data elements are mandatory for this department:

- Acquisition Value
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Release Orders Processed
- Worked Hours: Staff
Procurement Normalizations

Include the hours costs and volumes (where applicable) associated with the

- Personnel performing the functions of the department’s day to day managerial operations (Supply Chain)
- Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business (Supply Chain)
- Contract negotiations, analysis, and monitoring (Supply Chain)
- Information System Logistics (execute supply chain transactions, manage supplier relationships, and control associated business processes)
- Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Supply Chain)
- Sourcing (initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization, capital projects)
- Value Analysis (identifies and selects the best value alternatives for designs, materials, processes, and systems)
- Vendor Relationships (improve trust and collaboration among supply chain partners, thus improving inventory visibility and the velocity of inventory movement)

05320, Receiving and Warehousing

This department is responsible for checking the quality, quantity, and condition of incoming supplies and equipment and is also responsible for the storage and distribution of goods and materials for the organization. These functions include, but are not limited to: identification, inspection, verification, putting away, and retrieval for issue.
Receiving and Warehousing Mapping Guidelines

If your cost center includes the procurement function, this department may not be an appropriate choice. Another option might be the 05301, Combined Procurement, Receiving and Warehousing department. If you use this department, do not create a primary instance of 05301, Combined Procurement, Receiving and Warehousing department.

Receiving and Warehousing Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department that provides services and support to more than one business unit (hospital and non-hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

CMI Weighted Adjusted Discharges Supported

The value entered for Case Mix Index Weighted Adjusted Discharges Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Discharges for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

CMI Weighted Adjusted Patient Days Supported

The value entered for Case Mix Index Weighted Adjusted Patient Days Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Patient Days for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

Fill Rates from Perpetual Inventory

This number represents the percent of items requested that are filled on the first try.
**Items Issued**

Total items issued or distributed to the end user by the receiving and warehousing department staff. If the end user requests 2 boxes of pencils, then the amount submitted is 2. If the end user orders 10 pencils then the amount submitted would be 10.

**Items Put Away**

Total items that have been placed into a storage containment unit located outside of the receiving and warehousing department so the products can be directly pulled by the end user.

**Items Received**

Total items received from suppliers by the receiving/warehousing department staff. Count the number of items that is representative of the purchased units. For example, if a shipment has received 50 cases of pencils and there are 100 boxes to each case with 10 pencils contained within each box, the amount submitted is 50.

**Line Items Stocked in Perpetual Inventory (SKU)**

The total number of individual products stocked and maintained in Receiving and Warehouse inventory. Do not include those that are managed by other end users. This represents the number stock keeping units (SKU). This count should be significantly less than Items Handled.

**Offsite Distribution Locations**

The number of offsite distribution locations serviced by the Materials Mgmt department (i.e. clinics, physician offices, etc.)

**Stock Inventory Turns**

The total number of stock inventory turns managed. Count the average turnover rate of inventory. Using your inventory balance as of the end of the reporting period, divide the total of inventory purchases by the inventory balance. This equals the number of times in the reporting period that stock was replenished.

For example, the hospital has a $1,000,000 inventory as of 09/30/2004. For the reporting period from 07/01/2004 to 09/30/2004, the facility purchases of inventory items totaled $6,000,000. Dividing $6,000,000 (in purchases) by $1,000,000 (the inventory value) equals 6. The inventory turned over 6 times in the reporting period. If your inventory balance fluctuated widely during the reporting period, average the inventory balances rather than using the ending balance.

**Total PAR Lines (non stock)**

Total number of line items(stock keeping units (SKU) in all non-stocked PAR locations.
Total PAR Lines (stock)
Total number of line items/stock keeping units (SKU) in all stocked PAR locations from perpetual inventory.

Total PAR locations (non-stock)
Total number of non-stock Periodic Automated Replenishment (PAR) locations serviced by the receiving and warehousing department.

Total PAR locations (stock)
Total number of Periodic Automated Replenishment (PAR) locations filled from perpetual inventory serviced by the receiving/warehousing department.

Receiving and Warehousing Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Data Analyst
Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.
This is a subset of Worked Hours: Staff.

Worked Hours: Inventory Analyst
Total hours worked by staff responsible for reviewing and analyzing inventory received and distributed throughout the facility.
This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Material Control**

Total hours worked for inventory control staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Material Handling**

Total hours worked for receiving, warehousing, and distribution staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Systems Analyst (ie. MMIS)**

Total hours worked by staff responsible for creating, updating and or maintaining the facilities materials management information systems.

This is a subset of Worked Hours: Staff.
Receiving and Warehousing Expense Elements

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.
Receiving and Warehousing Mandatory Elements

The following data elements are mandatory for this department:

- Items Issued
- Items Put Away
- Items Received
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total PAR Lines (non stock)
- Total PAR Lines (stock)
- Total PAR locations (non-stock)
- Total PAR locations (stock)
- Worked Hours: Staff

Receiving and Warehousing Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- Inventory Control, e.g., checking the quality, quantity, and condition of incoming supplies and equipment, responsible for the storage and distribution of goods and materials
- Personnel performing the functions of the department’s day to day managerial operations (Supply Chain)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business (Supply Chain)
- Contract negotiations, analysis, and monitoring (Supply Chain)
• Courier Services, e.g., transporting of goods and supplies to and from facility and/or off-site locations. Do not include the lab courier function

• Information System Logistics (execute supply chain transactions, manage supplier relationships, and control associated business processes)

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Mail Room

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Supply Chain)

• Print Shop/Copy Center for the facility

• Sourcing (initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization, capital projects)

• Sterile Processing (depending upon the type of department)

• Value Analysis (identifies and selects the best value alternatives for designs, materials, processes, and systems)

• Vendor Relationships (improve trust and collaboration among supply chain partners, thus improving inventory visibility and the velocity of inventory movement)

05342, Courier Service

This department includes functions related to picking up and delivering messages, orders, medical records, supplies and equipment, and medication to and from facilities or between departments.

Courier Service Mapping Guidelines

If your cost center is responsible for the couriering for only Laboratory services map to the 03399, Laboratory Services Administration department.
Courier Service Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Miles Traveled

Total miles logged by department vehicles in support of specific requests. Include miles traveled obtained from vehicle trips or maintenance logs. If maintenance logs are used, be sure to prorate for beginning/end of year mileage readings.

Pick Ups Performed

Total separate (one way) pick ups performed.

Round Trips Performed

Total separate round trips performed.

Courier Service Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Courier Driver

Total hours worked for courier drivers.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Courier Service Expense Elements

Contract Service Expense

Total expense for services (e.g., courier service) purchased from outside contractors.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Vehicle Expense**

Total expense for vehicle maintenance.

This is a subset of Other Direct Operating Expense.

**Courier Service Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Pick Ups Performed
- Round Trips Performed
- Worked Hours: Staff

**Courier Service Normalizations**

Include the hours, costs and volumes (where applicable) associated with the
• Courier Services, e.g., transporting of goods and supplies to and from facility and/or off-site locations. Do not include the lab courier function

• Personnel performing the functions of the department’s day to day managerial operations (Supply Chain)

Exclude the hours, costs and volumes (where applicable) associated with the

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Supply Chain)

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business (Supply Chain)

05399, Supply Chain Services Administration and Support

This department performs the overall administrative and general support tasks for the entire Supply Chain Services series. This department is responsible for analyzing, controlling, designing, executing, monitoring, and planning activities within this supply chain series. The objectives of the department are to create net value, leverage logistics, create efficient and effective infrastructures, and to match supply with demand while measuring performance. Functions include but are not limited to: Contract negotiations, analysis, and monitoring; Information System Logistics (execute supply chain transactions, manage supplier relationships, and control associated business processes); Sourcing (initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization, and capital projects); Value Analysis (identifies and selects the best value alternatives for designs, materials, processes, and systems); Vendor Relationships (improves trust and collaboration among supply chain partners, thus improving inventory visibility and the velocity of inventory movement).

Supply Chain Services Administration and Support Workload Volumes

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.
Analytic Hours Worked

This number represents the total hours worked by staff performing the function of analytics. Functions include but are not limited to the discovery and communication of meaningful patterns in data. Analytics uses this insight to recommend action or to guide decision making - communication.

CMI Weighted Adjusted Discharges Supported

The value entered for Case Mix Index Weighted Adjusted Discharges Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Discharges for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

CMI Weighted Adjusted Patient Days Supported

The value entered for Case Mix Index Weighted Adjusted Patient Days Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Patient Days for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

Dollars Spent Under Contract

This number represents the dollar amount of the percent under contract. The amount that one should submit for this element can be collected by taking the facilities contract amount minus actual spend. This dollar amount may then be used to assist in the evaluation of the departments efficiency and effectiveness.

Savings Actual

This number represents the actual amount of the savings reached during the reporting period that corresponds to the identified Savings Goal.

Savings Goal

This number represents the amount of money identified by the organization as a targeted supply cost reduction within the current fiscal year.
**Sourcing Hours Worked**

This number represents the total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

**Value Analysis Hours Worked**

This number represents the total hours worked by staff performing the function of value analysis. Functions include but are not limited to providing a point of entry and screening process for the consideration of new products, analyze, evaluate and monitor all trials of new supplies or equipment, recommend standardization of products, control and oversee the entry of sample products into the hospital and utilize the value analysis process for product selection and implementation, creating and providing financial and contractual analysis studies, insuring compliance with policies with regard to product utilization, handling and distribution for the purposes of maximizing cost containment and reimbursement.

**Supply Chain Services Administration and Support Department Hour Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Data Analyst**

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.

**Worked Hours: Inventory Analyst**

Total hours worked by staff responsible for reviewing and analyzing inventory received and distributed throughout the facility.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Sourcing

Total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Systems Analyst (ie. MMIS)

Total hours worked by staff responsible for creating, updating and or maintaining the facilities materials management information systems.

This is a subset of Worked Hours: Staff.
Supply Chain Services Administration and Support Expense Elements

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Supply Chain Services Administration and Support Mandatory Elements

The following elements are mandatory for this department:

- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Staff
• Worked Hours: Staff

Supply Chain Services Administration and Support Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business (Supply Chain)

• Contract negotiations, analysis, and monitoring (Supply Chain)

• Information System Logistics (execute supply chain transactions, manage supplier relationships, and control associated business processes)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Supply Chain)

• Sourcing (initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization, capital projects)

• Value Analysis (identifies and selects the best value alternatives for designs, materials, processes, and systems)

• Vendor Relationships (improve trust and collaboration among supply chain partners, thus improving inventory visibility and the velocity of inventory movement)

Exclude the hours, costs and volumes (where applicable) associated with the

• Courier Services, e.g., transporting of goods and supplies to and from facility and/or off-site locations. Do not include the lab courier function

• Inventory Control, e.g., checking the quality, quantity, and condition of incoming supplies and equipment, responsible for the storage and distribution of goods and materials

• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)

• Mail Room

• Personnel performing the functions of the department's day to day managerial operations (Supply Chain)

• Print Shop/Copy Center for the facility
• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing department (Excludes food and pharmaceuticals)

F5300, Supply Chain Services Functional Rollup

This rollup department includes all Supply Chain Services functions: administrative and support, courier, mail room, printing, procurement, receiving, warehousing and other supply chain services functions regardless of facilities internal reporting relationships.

Supply Chain Services Functional Rollup Workload Volumes

Acquisition Value

The amount entered for Acquisition Value represents the total dollar value of only the acquisitions purchased through the procurement department. Therefore, do not include amounts that may have been purchased within other departments like Food and Nutrition Services and or Pharmacy. This amount may be greater than the facility’s total Other Direct Operating Expense reported on the General Facility Department (00100) due to capital asset or inventory purchases that do not fully hit Direct Operating Expense within the reporting period.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Analytic Hours Worked

This number represents the total hours worked by staff performing the function of analytics. Functions include but are not limited to the discovery and communication of meaningful patterns in data. Analytics uses this insight to recommend action or to guide decision making - communication.
**CMI Weighted Adjusted Discharges Supported**

The value entered for Case Mix Index Weighted Adjusted Discharges Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Discharges for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

**CMI Weighted Adjusted Patient Days Supported**

The value entered for Case Mix Index Weighted Adjusted Patient Days Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Patient Days for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

**Dollars Spent Under Contract**

This number represents the dollar amount of the percent under contract. The amount that one should submit for this element can be collected by taking the facilities contract amount minus actual spend. This dollar amount may then be used to assist in the evaluation of the department's efficiency and effectiveness.

**Fill Rates from Perpetual Inventory**

This number represents the percent of items requested that are filled on the first try.

**Initial Orders Processed**

The total original purchase orders issued by the department. Count all one time, standing, and master purchase orders processed against a master purchase order created/issued during the reporting period. Also count standing purchase orders, such as an automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Orders may be for stocked and non stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain.

This is a subset of Release Orders Processed.

**Items Issued**

Total items issued or distributed to the end user by the receiving and warehousing department staff. If the end user requests 2 boxes of pencils, then the amount submitted is 2. If the end user orders 10 pencils, then the amount submitted would be 10.
Items Put Away

Total items that have been placed into a storage containment unit located outside of the receiving and warehousing department so the products can be directly pulled by the end user.

Items Received

Total items received from suppliers by the receiving/warehousing department staff. Count the number of items that is representative of the purchased units. For example, if a shipment has received 50 cases of pencils and there are 100 boxes to each case with 10 pencils contained within each box, the amount submitted is 50.

Line Items Stocked in Perpetual Inventory (SKU)

The total number of individual products stocked and maintained in Receiving and Warehouse inventory. Do not include those that are managed by other end users. This represents the number stock keeping units (SKU). This count should be significantly less than Items Handled.

Miles Traveled

Total miles logged by department vehicles in support of specific requests. Include miles traveled obtained from vehicle trips or maintenance logs. If maintenance logs are used, be sure to prorate for beginning/end of year mileage readings.

Offsite Distribution Locations

The number of offsite distribution locations serviced by the Materials Mgmt department (i.e. clinics, physician offices, etc.)

Pick Ups Performed

Total separate (one way) pick ups performed.

Release Orders Processed

Total purchase orders and supply release documents issued through the department. The total includes all purchase orders prepared and release orders processed against a master purchase order created/issued during the reporting period. Count standing purchase orders, such as automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Count the initial master order for release orders and each release order issued. Orders may be for stocked and non-stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain. They may be either hand prepared or driven by automated systems.

Round Trips Performed

Total separate round trips performed.
Savings Actual

This number represents the actual amount of the savings reached during the reporting period that corresponds to the identified Savings Goal.

Savings Goal

This number represents the amount of money identified by the organization as a targeted supply cost reduction within the current fiscal year.

Sourcing Hours Worked

This number represents the total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

Stock Inventory Turns

The total number of stock inventory turns managed. Count the average turnover rate of inventory. Using your inventory balance as of the end of the reporting period, divide the total of inventory purchases by the inventory balance. This equals the number of times in the reporting period that stock was replenished.

For example, the hospital has a $1,000,000 inventory as of 09/30/2004. For the reporting period from 07/01/2004 to 09/30/2004, the facility purchases of inventory items totaled $6,000,000. Dividing $6,000,000 (in purchases) by $1,000,000 (the inventory value) equals 6. The inventory turned over 6 times in the reporting period. If your inventory balance fluctuated widely during the reporting period, average the inventory balances rather than using the ending balance.

Total PAR Lines (non stock)

Total number of line items/stock keeping units (SKU) in all non-stocked PAR locations.

Total PAR Lines (stock)

Total number of line items/stock keeping units (SKU) in all stocked PAR locations from perpetual inventory.

Total PAR locations (non-stock)

Total number of non-stock Periodic Automated Replenishment (PAR) locations serviced by the receiving/warehousing department.

Total PAR locations (stock)

Total number of Periodic Automated Replenishment (PAR) locations filled from perpetual inventory serviced by the receiving/warehousing department.
Value Analysis Hours Worked

This number represents the total hours worked by staff performing the function of value analysis. Functions include but are not limited to providing a point of entry and screening process for the consideration of new products, analyze, evaluate and monitor all trials of new supplies or equipment, recommend standardization of products, control and oversee the entry of sample products into the hospital and utilize the value analysis process for product selection and implementation, creating and providing financial and contractual analysis studies, insuring compliance with policies with regard to product utilization, handling and distribution for the purposes of maximizing cost containment and reimbursement.

Supply Chain Services Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Buyer

Total hours worked by materials acquisition staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Courier Driver

Total hours worked for courier drivers.

Worked Hours: Data Analyst

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.

Worked Hours: Inventory Analyst

Total hours worked by staff responsible for reviewing and analyzing inventory received and distributed throughout the facility.

This is a subset of Worked Hours: Staff.
Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Material Control

Total hours worked for inventory control staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Material Handling

Total hours worked for receiving, warehousing, distribution, messenger, courier, and patient escort staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Sourcing

Total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Systems Analyst (ie. MMIS)**

Total hours worked by staff responsible for creating, updating and or maintaining the facilities materials management information systems.

This is a subset of Worked Hours: Staff.

**Supply Chain Services Functional Rollup Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.
Overtime Salary Expense

Total expense for overtime hours accrued by materials management staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Supply Chain Services Functional Rollup Mandatory Elements

The following data elements are mandatory for this department:

- Acquisition Value
- Items Issued
- Items Put Away
- Items Received
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Pick Ups Performed
- Release Orders Processed
- Round Trips Performed
- Total PAR Lines (non stock)
- Total PAR Lines (stock)
- Total PAR locations (non-stock)
- Total PAR locations (stock)
- Worked Hours: Staff
G5300, Other Supply Chain Services

This generic department includes cost centers belonging to Supply Chain Services that do not meet the current standard department definition and therefore cannot be mapped directly to an individual standard department.

Other Supply Chain Services Functional Rollup Mapping Guidelines

If your facility has separate cost centers for a mail room and or print shop functions, please utilize this generic department so that it may be present on the Supply Chain Functional Rollup Department report.

Other Supply Chain Services Workload Volumes

Acquisition Value

The amount entered for Acquisition Value represents the total dollar value of only the acquisitions purchased through the procurement department. Therefore, do not include amounts that may have been purchased within other departments like Food and Nutrition Services and or Pharmacy. This amount may be greater than the facility's total Other Direct Operating Expense reported on the General Facility Department (00100) due to capital asset or inventory purchases that do not fully hit Direct Operating Expense within the reporting period.

Adjusted Discharges Supported

Total number of Adjusted Discharges Supported by the department for the reporting period. This element is intended for a department which provides services and support to more than one business unit (hospital and non hospital). This value should be derived by taking the sum of the Total Gross Patient Revenue (for all the business units) divided by Total Gross Inpatient Revenue (for all business units) multiplied by the Total Discharges (for all business units). This value might be different than the Adjusted Discharge value calculated in the 00100, General Facility. Please review Adjusted Discharges Supported in the Guiding Principles section.

Analytic Hours Worked

This number represents the total hours worked by staff performing the function of analytics. Functions include but are not limited to the discovery and communication of meaningful patterns in data. Analytics uses this insight to recommend action or to guide decision making - communication.
CMI Weighted Adjusted Discharges Supported

The value entered for Case Mix Index Weighted Adjusted Discharges Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Discharges for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

CMI Weighted Adjusted Patient Days Supported

The value entered for Case Mix Index Weighted Adjusted Patient Days Supported represents a summed value for organizations that have one department that services multiple facilities. For example, if the Receiving and Warehousing department within this facility ID supports 5 hospitals, then the value entered would be the sum of the values submitted for Case Mix Index Weighted Adjusted Patient Days for all 5 entities being reporting on their respective General Facility Departments (00100). Note: in addition to the sum of the 5 facilities this value may also include amounts of facilities not utilized within ActionOI. If this facility ID represents a single-standalone facility, enter zero and ActionOI will utilize the information submitted within the current General Facility Department (00100) in the appropriate calculations.

Department Consignment Used

Number of departments for which consignment is utilized.

Dollars Spent Under Contract

This number represents the dollar amount of the percent under contract. The amount that one should submit for this element can be collected by taking the facilities contract amount minus actual spend. This dollar amount may then be used to assist in the evaluation of the department's efficiency and effectiveness.

Fill Rates from Perpetual Inventory

This number represents the percent of items requested that are filled on the first try.

Initial Orders Processed

The total original purchase orders issued by the department. Count all one time, standing, and master purchase orders processed against a master purchase order created/issued during the reporting period. Also count standing purchase orders, such as an automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Orders may be for stocked and non stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain.

This is a subset of Release Orders Processed.
Items Issued
Total items issued or distributed to the end user by the receiving and warehousing department staff. If the end user requests 2 boxes of pencils, then the amount submitted is 2. If the end user orders 10 pencils then the amount submitted would be 10.

Items Put Away
Total items that have been placed into a storage containment unit located outside of the receiving and warehousing department so the products can be directly pulled by the end user.

Items Received
Total items received from suppliers by the receiving/warehousing department staff. Count the number of items that is representative of the purchased units. For example, if a shipment has received 50 cases of pencils and there are 100 boxes to each case with 10 pencils contained within each box, the amount submitted is 50.

Line Items Stocked in Perpetual Inventory (SKU)
The total number of individual products stocked and maintained in Receiving and Warehouse inventory. Do not include those that are managed by other end users. This represents the number stock keeping units (SKU). This count should be significantly less than Items Handled.

Miles Traveled
Total miles logged by department vehicles in support of specific requests. Include miles traveled obtained from vehicle trips or maintenance logs. If maintenance logs are used, be sure to prorate for beginning/end of year mileage readings.

Offsite Distribution Locations
The number of offsite distribution locations serviced by the Materials Mgmt department (i.e. clinics, physician offices, etc.)

Pick Ups Performed
Total separate (one way) pick ups performed.
Release Orders Processed

Total purchase orders and supply release documents issued through the department. The total includes all purchase orders prepared and release orders processed against a master purchase order created/issued during the reporting period. Count standing purchase orders, such as automatic shipment of goods or provision of services without Supply Chain staff intervention, only once. Do not count the automatic shipments/provisions for service covered by the order. Count the initial master order for release orders and each release order issued. Orders may be for stocked and non-stocked supplies, services, capital equipment items, and any other item purchased through Supply Chain. They may be either hand prepared or driven by automated systems.

Round Trips Performed

Total separate round trips performed.

Savings Actual

This number represents the actual amount of the savings reached during the reporting period that corresponds to the identified Savings Goal.

Savings Goal

This number represents the amount of money identified by the organization as a targeted supply cost reduction within the current fiscal year.

Sourcing Hours Worked

This number represents the total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

Stock Inventory Turns

The total number of stock inventory turns managed. Count the average turnover rate of inventory. Using your inventory balance as of the end of the reporting period, divide the total of inventory purchases by the inventory balance. This equals the number of times in the reporting period that stock was replenished.

For example, the hospital has a $1,000,000 inventory as of 09/30/2004. For the reporting period from 07/01/2004 to 09/30/2004, the facility purchases of inventory items totaled $6,000,000. Dividing $6,000,000 (in purchases) by $1,000,000 (the inventory value) equals 6. The inventory turned over 6 times in the reporting period. If your inventory balance fluctuated widely during the reporting period, average the inventory balances rather than using the ending balance.

Total PAR Lines (non stock)

Total number of line items/stock keeping units (SKU) in all non-stocked PAR locations.
**Total PAR Lines (stock)**

Total number of line items/stock keeping units (SKU) in all stocked PAR locations from perpetual inventory.

**Total PAR locations (non-stock)**

Total number of non-stock Periodic Automated Replenishment (PAR) locations serviced by the receiving/warehousing department.

**Total PAR locations (stock)**

Total number of Periodic Automated Replenishment (PAR) locations filled from perpetual inventory serviced by the receiving/warehousing department.

**Value Analysis Hours Worked**

This number represents the total hours worked by staff performing the function of value analysis. Functions include but are not limited to providing a point of entry and screening process for the consideration of new products, analyze, evaluate and monitor all trials of new supplies or equipment, recommend standardization of products, control and oversee the entry of sample products into the hospital and utilize the value analysis process for product selection and implementation, creating and providing financial and contractual analysis studies, insuring compliance with policies with regard to product utilization, handling and distribution for the purposes of maximizing cost containment and reimbursement.

**Other Supply Chain Services Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Buyer**

Total hours worked by materials acquisition staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Courier Driver

Total hours worked for courier drivers.

Worked Hours: Data Analyst

Total hours worked by data analyst technical staff responsible for extracting data from information systems and performing statistical analysis.

This is a subset of Worked Hours: Staff.

Worked Hours: Inventory Analyst

Total hours worked by staff responsible for reviewing and analyzing inventory received and distributed throughout the facility.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Material Control

Total hours worked for inventory control staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Material Handling

Total hours worked for receiving, warehousing, distribution, messenger, courier, and patient escort staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Sourcing**

Total hours worked by staff performing the function of sourcing. Functions include but are not limited to initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Systems Analyst (ie. MMIS)**

Total hours worked by staff responsible for creating, updating and or maintaining the facilities materials management information systems.

This is a subset of Worked Hours: Staff.

**Other Supply Chain Services Expense Elements**

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical / surgical supplies and pharmaceuticals.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense for professional fees, department supplies, equipment rental fees and operating lease expenses, dues, travel, small (non-capitalized) equipment, etc. Exclude depreciation, building rent expense, capitalized lease costs.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Other Supply Chain Services Mandatory Elements

The following data elements are mandatory for this department:

- Acquisition Value
- Items Issued
- Items Put Away
- Items Received
- Labor Expense
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Staff
• Pick Ups Performed
• Release Orders Processed
• Round Trips Performed
• Total PAR Lines (non stock)
• Total PAR Lines (stock)
• Total PAR locations (non-stock)
• Total PAR locations (stock)
• Worked Hours: Staff

Other Supply Chain Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• Mail Room
• Personnel performing the functions of the department’s day to day managerial operations (Supply Chain)
• Print Shop/Copy Center for the facility

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business (Supply Chain)
• Contract negotiations, analysis, and monitoring (Supply Chain)
• Courier Services, e.g., transporting of goods and supplies to and from facility and/or off-site locations. Do not include the lab courier function
• Information System Logistics (execute supply chain transactions, manage supplier relationships, and control associated business processes)
• Lab Courier Service (Courier services specific to lab specimens only e.g. in house runners, external - remote pickup)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Supply Chain)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens (infants may require heel sticks) which are sent to the laboratory for analysis and testing. Does not include line draws.

• Sourcing (initial vendor contract negotiations, request for quotes, identification of potential suppliers, validation of processes, quality, systems and safety of the goods and services utilized by the organization, capital projects)

• Sterile Processing (depending upon the type of department)

• Value Analysis (identifies and selects the best value alternatives for designs, materials, processes, and systems)

• Vendor Relationships (improve trust and collaboration among supply chain partners, thus improving inventory visibility and the velocity of inventory movement)
Chapter 39. Surgical Services

For an annotated list of Characteristic Questions for this series, please see the ActionOI support page.

This chapter includes the following sections:

- 03001, Surgical Services Combined Without Anesthesia 2242
- 03011, Operating Room 2259
- 03012, Cardiac Operating Room 2273
- 03020, Post Anesthesia Care Unit (PACU) 2285
- 03030, Surgery Pre Op and Post Recovery Only 2292
- 03035, Pre Op/PACU/Post-Op Combined 2301
- 03040, Ambulatory Surgery Center 2311
- 03060, Anesthesia 2321
- 03070, Central Sterile Services 2331
- 03071, Central Sterile Services without Distribution 2340
- 03099, Surgical Services Administration 2350
- F3000, Surgical Services Functional Rollup Department 2354
- G3000, Other Surgical Services 2367

03001, Surgical Services Combined Without Anesthesia

This department includes all operating room functions, PACU, central sterile supply, ambulatory surgery, and perfusion services. It does not include anesthesia or anesthesia support. Do not report departments 03011, 03012, 03013, 03020, 03040, 03070, 03071 if you report this department.
Surgical Services Combined Without Anesthesia Mapping Guidelines

If you have a single cost center that represents all of the services as defined, map to this profile. If you have separate cost centers for the individual components (i.e. one for the Operating Room, another for PACU, another for Ambulatory Surgery) it is best to map to the specific individual profile. If your cost center includes Anesthesia, this may not be an appropriate department. Another option might be G3000 Other Surgical Services.

Surgical Services Combined Without Anesthesia Workload Volumes

Ambulatory Surgery Cases

The total ambulatory or outpatient surgery cases performed in the operating room during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. “Ambulatory” or “Outpatient” typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Operating Room Cases.

Bariatric Cases

The total bariatric surgery cases performed in the operating room during the reporting period. Bariatric surgery is defined as a surgical bariatric intervention for individuals who have a body mass index (BMI) of greater than 40 kg/m2 or have a BMI greater than 35 kg/m2 with significant comorbidities.

This is a component of Operating Room Cases.

Bone Marrow Transplant Cases

The total Bone Marrow Transplant cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

Days of Operation per Week

The average number of days per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 7.
**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**GI Endoscopy Cases**

The total GI Endoscopy Cases performed in this department during the reporting period. Endoscopy is the examination of a body cavity by means of an endoscope, a tube like instrument with lenses and a light source attached. Do not include cases performed by another department or in a separate Endoscopy suite reported in ActionOI under the 04630, Endoscopy department.

This is a component of Operating Room Cases.

**Heart Cases**

The total heart cases performed in the operating room during the reporting period. This would include procedures such as ventricular assisted device (VAD), total artificial heart (TAH) and transcatheter aortic valve replacement (TAVR). Do not include heart transplant cases as these cases are reported under Solid Organ Transplant Cases. Do not include heart cases performed by another department (i.e. Cath Lab, Invasive Cardiology) or in a separate cardiology suite.

This is a component of Operating Room Cases.

**Hip Replacement Cases**

The total hip replacement cases (excluding endoprothesis due to hip fracture) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.

**Hours of Operation per Week**

The average number of hours per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 168.
Items Processed

The total number of items processed by the department during the reporting period. Items refers to the total individually wrapped units decontaminated, high level disinfected, and sterilized by department staff including trays, sets, and individual instruments along with mobile patient care equipment. A unit (wrap, set, tray) is based on an item recipe or order from the customer of the department. A customer can be surgery, labor and delivery, or other clinical area that requires the "unit" based on professional determination from that department. This unit can be one instrument. When more than one instrument is in a tray, set, or wrap, the unit is one that includes several instruments or items as designated by the recipe. Do not count a unit one time after decontamination and a second time after disinfection or sterilization.

Refer to the CSSD Processing Intensity Score Worksheet for assistance in reporting this element.

Knee Replacement Cases

The total knee replacement cases (including uni or partial knee) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.

Major Joint Cases

The total major joint cases performed in the operating room during the reporting period. Major Joint cases may include, but are not limited to: knees, hips, shoulders, elbows and ankles.

This is a subset of Orthopedic Cases.

Neuro and Ortho Spine Cases

The total Neuro Ortho Spine cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

Neurosurgery Cases

The total neurosurgery cases performed in the operating room during the reporting period. Neurosurgery is the surgical treatment of disorders of the nervous system. Do not include Neuro Ortho Spine Cases in this category.

This is a component of Operating Room Cases.

Operating Room Capacity

The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.
**Operating Room Cases**

The total cases performed by department staff during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. The value reported for cases should correspond with the value reported for Operating Room Minutes. Do not include incomplete cases if you are not able to accurately report the corresponding minutes for these cases.

Total of components may be greater than case total.

**Operating Room Emergency Cases**

The total emergency cases performed in the operating room during the reporting period. "Emergency" typically refers to an immediate threat and must be performed at the earliest opportunity to minimize risk to life, limb, and or sight. Do not include urgent cases (must be started within 3 hours) as they should be counted in Operating Room Urgent Cases.

This is a component of Operating Room Cases.

**Operating Room Minutes**

The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.

**Operating Room Pediatric Cases**

The total number of pediatric cases performed by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Operating Room Cases.

**Operating Room Pediatric Minutes**

The total elapsed time in minutes from the time a pediatric patient enters the operating room until the time the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of Operating Room Minutes.

**Operating Room Perfusion Minutes**

The total elapsed time in minutes a surgery patient receives perfusion treatment in the operating room during the reporting period. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.
Operating Room Robotic Minutes
The total elapsed time in minutes from the time a robotic surgery patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

Operating Room Trauma Cases
The total emergency cases identified as trauma performed in the operating room during the reporting period. "Trauma" typically refers to a serious or critical bodily injury, wound, or shock. Your facility is not required to be a designated trauma center to report this element.

This is a component of Operating Room Emergency Cases.

Operating Room Urgent Cases
The total urgent cases performed in the operating room during the reporting period. "Urgent" typically refers to a case that must be started within 3 hours to minimize risk to life, limb and or sight. Do not include emergency cases (must be started at the earliest opportunity or immediately) as they should be counted in Operating Room Emergency Cases.

This is a component of Operating Room Cases.

Ophthalmology Cases
The total number of ophthalmology cases performed by the department during the reporting period. Ophthalmology cases includes but is not limited to laser eye surgery, cataract surgery, glaucoma surgery, refractive surgery and corneal surgery.

This is a component of Operating Room Cases.

Orthopedic Cases
The total orthopedic cases performed in the operating room during the reporting period. Orthopedics is the branch of surgery concerned with disorders of bones and joints and the muscles, tendons, and ligaments associated with them. Do not report Neuro Ortho Spine cases in this category.

This is a component of Operating Room Cases.

Recovery Room Cases
The total number of PACU cases. This may include surgical patients, patients referred from labor and delivery, radiology, the GI lab, and the cath lab, and patients receiving blood transfusions or nerve blocks. Include patients seen through discrete visits, such as ambulatory, inpatient, or outpatient surgery.
PACU Inpatient Cases
The total number of inpatient PACU cases. Include inpatients seen through discrete visits.

This is a component of PACU Cases.

PACU Minutes
The total amount of PACU minutes (includes Phase I, Phase II and pre operative holding case minutes) measured by when the patient enters the department to when the patient leaves the department. Do not include the time spent by Border Patients.

PACU Pediatric Cases
The total number of pediatric PACU cases supported by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of PACU Cases.

PACU Pediatric Minutes
The total elapsed time in minutes from the time a pediatric patient enters the department until the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of PACU Minutes.

Phase 1 Case Minutes
The total number of Phase I Post Anesthesia Care Unit (PACU) case minutes. Phase I PACU is a critical care area providing post anesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit or the Intensive Care Unit for continued care.

This is a component of PACU Minutes. A patient may also move to Phase 2 and would be counted in that element as well.

Phase 1 Cases
The total number of Phase I Post Anesthesia Care Unit (PACU) cases. Phase I PACU is a critical care area providing post anesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit or the Intensive Care Unit for continued care.

This is a component of PACU Cases. A patient may also move to Phase 2 and would be counted in that element as well.
**Phase 2 Case Minutes**

The total Phase II Post Anesthesia Care Unit (PACU) case minutes. Phase II PACU provides post anesthesia nursing care for patients immediately after operative procedures that utilized monitored anesthesia care (MAC), local anesthesia and for patients that have met the discharge criteria for Phase I. The primary nursing role during this phase is to focus on preparing the patient and the patient's caregiver for care in the home after discharge. Do not include the time Boarder Patients stay in the department, as the time would be counted in the element Boarder Hours.

This is a component of PACU Minutes. A patient may also move to Phase 1 and would be counted in that element as well.

**Phase 2 Cases**

The total number of Phase II Post Anesthesia Care Unit (PACU) cases. Phase II PACU provides post anesthesia nursing care for patients immediately after operative procedures that utilized monitored anesthesia care (MAC), local anesthesia and for patients that have met the discharge criteria for Phase I. The primary nursing role during this phase is to focus on preparing the patient and the patient's caregiver for care in the home after discharge, or an extended care environment. Do not include Boarder Patients as they would be counted in the element Boarder Patients.

This is a component of PACU Cases. A patient may have been counted in the Phase 1 element as well.

**Preoperative Visits**

Total number of preoperative visits to this department. If preoperative visits occur in another department, or another location such as a community based testing center, do not include these visits in the ambulatory surgery preoperative visits.

**Robotic Surgical Cases**

The total number of robotic cases performed by the department during the reporting period.

This is a component of Operating Room Cases.

**Solid Organ Transplant Cases**

The total solid organ transplant cases (including heart transplant procedures) performed in the operating room during the reporting period. Do not include cases involving only organ retrieval procedures. Bone Marrow Transplant cases are not to be included in this element and should be reported separately under the element Bone Marrow Transplant Cases.

This is a component of Operating Room Cases.
Staff Ready Operating Rooms

The total number of separate operating rooms designed and equipped for surgical operations which have staff available (in house). Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies. Do not include rooms that are not ready for surgical use.

This is a subset of Operating Room Capacity.

TAVR Surgical Cases

The total number of transcatheter aortic valve replacement (TAVR) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Turnover Time

The average time (expressed in minutes) that the operating room(s) cannot be used due to necessary cleaning between sequentially scheduled cases (patient out to patient in). Do not include time where there is a planned break or gap between cases when calculating the average (i.e. no case schedule during a 4-hour planned break).

VAD/TAH Surgical Cases

The total number of ventricular assisted device (VAD) and total artificial heart (TAH) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Surgical Services Combined Without Anesthesia Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Anesthesia Technician

Total hours worked by anesthesia technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Central Sterile Technician

Total hours worked by Central Sterile Technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Perfusionist

Total hours worked by perfusionist staff on the payroll.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.
This is a subset of Worked Hours: Staff.

**Worked Hours: RNFA, SA**

Total hours worked by registered nurse first assistants and surgical assistants.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

**Surgical Services Combined Without Anesthesia Expense Elements**

**Anesthesia Supply Expense**

Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery or other areas.

This is a subset of Medical Supply Expense.

**Endomechanical Supply Expense**

Total expense for disposable instrumentation and suture for endoscopic procedures, endomechanical staples, etc.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.
**Implants Expense**

Total surgical supply expense for replacement, substitutes, or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh and pins. Exclude organ acquisition expenses.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Perfusionist**

Total expense for perfusionists on the department's payroll.

This is a subset of Labor Expense.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Major Joint Implant Expense**

Total surgical supply expense for major joint implants (replacement, substitutes, or aids to body parts) including, but not limited to the knee, hip, shoulder, elbow and or ankle.

This is a subset of Implant Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense
Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.
This is a subset of Other Direct Operating Expense.

Operating Lease Expense
Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense
Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

Overtime Salary Expense
Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and callback time; exclude expense for on call time.
This is a subset of Labor Expense.

Perfusion Contract Expense
Total expense for contract perfusionists.
This is a subset of Other Direct Operating Expense.

Perfusion Supply Expense
Total expense for medical supplies used for activities related to the perfusion procedure.
This is a subset of Medical Supply Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Robotic Supply Expense

Total surgical supply expense for robotic supplies.

This is a subset of Medical Supply Expense.

Spine Implant Expense

Total surgical supply expense for spine implants (replacements, substitutes, or aids to body parts). Including but not limited to screws, plates, wires, mesh and pins.

Suture Supply Expense

Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

TAVR Implant Expense

Total surgical supply expense for transcatheter aortic valve (TAVR) implants.

This is a subset of Implant Expense.

VAD/TAH Implant Expense

Total surgical supply expense for ventricular assisted devices (VAD) and total artificial heart (TAH) implants.

This is a subset of Implant Expense.

Surgical Services Combined Without Anesthesia Mandatory Elements

The following data elements are mandatory for this department:
• Days of Operation per Week
• Hours of Operation per Week
• Items Processed
• Labor Expense
• Labor Expense: Physician Provider
• Operating Room Capacity
• Operating Room Cases
• Operating Room Minutes
• Operating Room Minutes: Pediatric
• Operating Room Pediatric Cases
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

**Surgical Services Combined Without Anesthesia Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

• First Assistants (include RNFAs, Physician Assistants and other non-MDs functioning as First Assistants)
• Personnel performing the functions of the department’s day to day managerial operations (Surgical)
• Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

Exclude the hours costs and volumes (where applicable) associated with the
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, scheduling, residency program. (Surgical Services)

• Daily or terminal cleaning and wall washing for ancillary patient procedure areas

• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)

• Preoperative care: including preop orders, testing, education

• Repair and Maintenance of Clinical Equipment/Rooms

• Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)

• Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)

• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)

• Cleaning and processing of scopes or instruments used by the Endoscopy-GI Lab department

• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)

• Organ procurement or acquisition expenses

• Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)

• Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures

• Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures

• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)
• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

• Surgical Clinical Reviewer (SCR) for the National Surgical Quality Improvement Program (NSQIP)

• Transport of patients not requiring clinical escort

03011, Operating Room

This department includes all functions related to operating room services, including intraoperative patient care. It also includes perfusion services, inpatient and/or outpatient services, and other operating room support functions. It does not include PACU, anesthesia functions, pre op holding, and/or central sterile functions.

Operating Room Mapping Guidelines

If your cost center includes the pre op holding, PACU, post op recovery, anesthesia functions, O.R. Sterile Processing and/or Central Sterile Supply and Distribution functions, this department may not be an appropriate choice. Other options would include the 03001 Surgical Services Combined Without Anesthesia department. If you have a separate cost center for a Cardiac Operating Room, map it to the 03012 Cardiac Operating Room profile.

Operating Room Workload Volumes

Ambulatory Surgery Cases

The total ambulatory or outpatient surgery cases performed in the operating room during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. “Ambulatory” or “Outpatient” typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Operating Room Cases.

Bariatric Cases

The total bariatric surgery cases performed in the operating room during the reporting period. Bariatric surgery is defined as a surgical bariatric intervention for individuals who have a body mass index (BMI) of greater than 40 kg/m2 or have a BMI greater than 35 kg/m2 with significant comorbidities.

This is a component of Operating Room Cases.
**Bone Marrow Transplant Cases**

The total Bone Marrow Transplant cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

**Days of Operation per Week**

The average number of days per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 7.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**GI Endoscopy Cases**

The total GI Endoscopy Cases performed in this department during the reporting period. Endoscopy is the examination of a body cavity by means of an endoscope, a tube like instrument with lenses and a light source attached. Do not include cases performed by another department or in a separate Endoscopy suite reported in ActionOI under the 04630, Endoscopy department.

This is a component of Operating Room Cases.

**Heart Cases**

The total heart cases performed in the operating room during the reporting period. This would include procedures such as ventricular assisted device (VAD), total artificial heart (TAH) and transcatheter aortic valve replacement (TAVR). Do not include heart transplant cases as these cases are reported under Solid Organ Transplant Cases. Do not include heart cases performed by another department (i.e. Cath Lab, Invasive Cardiology) or in a separate cardiology suite.

This is a component of Operating Room Cases.

**Hip Replacement Cases**

The total hip replacement cases (excluding endoprosthesis due to hip fracture) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.
Hours of Operation per Week

The average number of hours per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 168.

Knee Replacement Cases

The total knee replacement cases (including uni or partial knee) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.

Major Joint Cases

The total major joint cases performed in the operating room during the reporting period. Major Joint cases may include, but are not limited to: knees, hips, shoulders, elbows and ankles.

This is a subset of Orthopedic Cases.

Multiple Solid Organ Transplant Cases

The total multiple solid organ transplant cases supported by department staff. A multiple solid organ transplants must include the transplant of more than one solid organ. The organs transplanted may include but are not limited to kidney, liver, heart, and lung.

This is a subset of Solid Organ Transplants.

Neuro and Ortho Spine Cases

The total Neuro Ortho Spine cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

Neurosurgery Cases

The total neurosurgery cases performed in the operating room during the reporting period. Neurosurgery is the surgical treatment of disorders of the nervous system. Do not include Neuro Ortho Spine Cases in this category.

This is a component of Operating Room Cases.
Operating Room Capacity

The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.

Operating Room Cases

The total cases performed by department staff during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. The value reported for cases should correspond with the value reported for Operating Room Minutes. Do not include incomplete cases if you are not able to accurately report the corresponding minutes for these cases.

Total of components may be greater than case total.

Operating Room Emergency Cases

The total emergency cases performed in the operating room during the reporting period. "Emergency" typically refers to an immediate threat and must be performed at the earliest opportunity to minimize risk to life, limb, and or sight. Do not include urgent cases (must be started within 3 hours) as they should be counted in Operating Room Urgent Cases.

This is a component of Operating Room Cases.

Operating Room Minutes

The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.

Operating Room Pediatric Cases

The total number of pediatric cases performed by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Operating Room Cases.

Operating Room Pediatric Minutes

The total elapsed time in minutes from the time a pediatric patient enters the operating room until the time the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of Operating Room Minutes.
**Operating Room Perfusion Minutes**

The total elapsed time in minutes a surgery patient receives perfusion treatment in the operating room during the reporting period. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

**Operating Room Robotic Minutes**

The total elapsed time in minutes from the time a robotic surgery patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

**Operating Room Trauma Cases**

The total emergency cases identified as trauma performed in the operating room during the reporting period. "Trauma" typically refers to a serious or critical bodily injury, wound, or shock. Your facility is not required to be a designated trauma center to report this element.

This is a component of Operating Room Emergency Cases.

**Operating Room Urgent Cases**

The total urgent cases performed in the operating room during the reporting period. "Urgent" typically refers to a case that must be started within 3 hours to minimize risk to life, limb and or sight. Do not include emergency cases (must be started at the earliest opportunity or immediately) as they should be counted in Operating Room Emergency Cases.

This is a component of Operating Room Cases.

**Ophthalmology Cases**

The total number of ophthalmology cases performed by the department during the reporting period. Ophthalmology cases includes but is not limited to laser eye surgery, cataract surgery, glaucoma surgery, refractive surgery and corneal surgery.

This is a component of Operating Room Cases.

**Orthopedic Cases**

The total orthopedic cases performed in the operating room during the reporting period. Orthopedics is the branch of surgery concerned with disorders of bones and joints and the muscles, tendons, and ligaments associated with them. Do not report Neuro Ortho Spine cases in this category.

This is a component of Operating Room Cases.
Robotic Surgical Cases
The total number of robotic cases performed by the department during the reporting period.

This is a component of Operating Room Cases.

Solid Organ Transplant Cases
The total solid organ transplant cases (including heart transplant procedures) performed in the operating room during the reporting period. Do not include cases involving only organ retrieval procedures. Bone Marrow Transplant cases are not to be included in this element and should be reported separately under the element Bone Marrow Transplant Cases.

This is a component of Operating Room Cases.

Solid Organs Harvested
The total number of solid organs harvested. Each organ should be counted separately even if they are harvested from a single donor.

Staff Ready Operating Rooms
The total number of separate operating rooms designed and equipped for surgical operations which have staff available (in house). Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies. Do not include rooms that are not ready for surgical use.

This is a subset of Operating Room Capacity.

TAVR Surgical Cases
The total number of transcatheter aortic valve replacement (TAVR) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Turnover Time
The average time (expressed in minutes) that the operating room(s) cannot be used due to necessary cleaning between sequentially scheduled cases (patient out to patient in). Do not include time where there is a planned break or gap between cases when calculating the average (i.e. no case schedule during a 4-hour planned break).

VAD/TAH Surgical Cases
The total number of ventricular assisted device (VAD) and total artificial heart (TAH) surgical cases performed during the reporting period.
This is a component of Heart Cases.

**Operating Room Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of **Paid Hours: Staff**.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Worked Hours: Anesthesia Technician**

Total hours worked by anesthesia technicians.

This is a subset of **Worked Hours: Staff**.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of **Worked Hours: Staff**.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. nursing assistant, nursing technician, mental health/psychiatric aide, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Perfusionist**

Total hours worked by perfusionist staff on the payroll.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.
Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: RNFA, SA

Total hours worked by registered nurse first assistants and surgical assistants.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Surgical Technician

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

Operating Room Expense Elements

Anesthesia Supply Expense

Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery, or other areas.

This is a subset of Medical Supply Expense.

Endomechanical Supply Expense

Total expense for disposable instrumentation and suture for endoscopic procedures, endomechanical staples, etc.

This is a subset of Medical Supply Expense.

Equipment Repair And Maintenance Expense

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.
Implants Expense
Total surgical supply expense for replacement, substitutes, or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh and pins. Exclude organ acquisition expenses.

This is a subset of Medical Supply Expense.

Labor Expense
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Perfusionist
Total expense for perfusionists on the department's payroll.

This is a subset of Labor Expense.

Labor Expense: Physician Provider
Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Major Joint Implant Expense
Total surgical supply expense for major joint implants (replacement, substitutes, or aids to body parts) including, but not limited to the knee, hip, shoulder, elbow and or ankle.

This is a subset of Implant Expense.

Medical Supply Expense
Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g., office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Perfusion Contract Expense

Total expense for contract perfusionists.

This is a subset of Other Direct Operating Expense.

Perfusion Supply Expense

Total expense for medical supplies used for activities related to the perfusion procedure.

This is a subset of Medical Supply Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Robotic Supply Expense

Total surgical supply expense for robotic supplies.

This is a subset of Medical Supply Expense.

Spine Implant Expense

Total surgical supply expense for spine implants (replacements, substitutes, or aids to body parts). Including but not limited to screws, plates, wires, mesh and pins.

This is a subset of Implant Expense.

Suture Supply Expense

Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

TAVR Implant Expense

Total surgical supply expense for transcatheter aortic valve (TAVR) implants.

This is a subset of Implant Expense.

VAD/TAH Implant Expense

Total surgical supply expense for ventricular assisted devices (VAD) and total artificial heart (TAH) implants.

This is a subset of Implant Expense.

Operating Room Mandatory Elements
The following data elements are mandatory for this department:

- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Operating Room Capacity
- Operating Room Cases
- Operating Room Minutes
- Operating Room Minutes: Pediatric
- Operating Room Pediatric Cases
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff

**Operating Room Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

- First Assistants (include RNFAs, Physician Assistants and other non-MDs functioning as First Assistants)
- Personnel performing the functions of the department’s day to day managerial operations (Surgical)
- Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

Exclude the hours costs and volumes (where applicable) associated with the
• Daily or terminal cleaning and wall washing for ancillary patient procedure areas
• Instrument Decontamination, Pack Assembly, Terminal Sterilization
• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
• Personnel performing the functions of administration and managerial oversight operations (Surgical)
• Preoperative care: including preop orders, testing, education
• Repair and Maintenance of Clinical Equipment/Rooms
• Staff that maintain/repair flash sterilizers (e.g. testing, cleaning) or any sterilization equipment (e.g. disinfectors, washers).
• Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)
• Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)
• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)
• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
• Organ procurement or acquisition expenses
• Phase 1 Post operative recovery
• Phase 2 Post operative recovery (does not include boarders)
• Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)
• Pre-Op Holding and Post-Procedure Recovery
• Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures
- Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures

- Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

- Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

- Sterile Processing (depending upon the type of department)

- Surgical Clinical Reviewer (SCR) for the National Surgical Quality Improvement Program (NSQIP)

- Transport of patients not requiring clinical escort

03012, Cardiac Operating Room

This department includes all functions related to cardiac operating room services, including intraoperative patient care. It also includes perfusion services, inpatient and/or outpatient services, and other operating room support functions. It does not include PACU, anesthesia functions, pre op holding, and/or central sterile functions.

Cardiac Operating Room Mapping Guidelines

If your cost center includes the pre op holding, PACU, post op recovery, anesthesia functions, O.R. Sterile Processing and/or Central Sterile Supply and Distribution functions, this department may not be an appropriate choice. Other options would include the 03001 Surgical Services Combined Without Anesthesia department. If you do not have a separate cost center for a Cardiac Operating Room, another option would be the 03011 Operating Room profile.

Cardiac Operating Room Workload Volumes

Ambulatory Surgery Cases

The total ambulatory or outpatient surgery cases performed in the operating room during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Operating Room Cases.
**Days of Operation per Week**

The average number of days per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 7.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Heart Cases**

The total heart cases performed in the operating room during the reporting period. This would include procedures such as ventricular assisted device (VAD), total artificial heart (TAH) and transcatheter aortic valve replacement (TAVR). Do not include heart transplant cases as these cases are reported under Solid Organ Transplant Cases. Do not include heart cases performed by another department (i.e. Cath Lab, Invasive Cardiology) or in a separate cardiology suite.

This is a component of Operating Room Cases.

**Hours of Operation per Week**

The average number of hours per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 168.

**Operating Room Capacity**

The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.

**Operating Room Cases**

The total cases performed by department staff during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. The value reported for cases should correspond with the value reported for Operating Room Minutes. Do not include incomplete cases if you are not able to accurately report the corresponding minutes for these cases.

Total of components may be greater than case total.
Operating Room Emergency Cases

The total emergency cases performed in the operating room during the reporting period. "Emergency" typically refers to an immediate threat and must be performed at the earliest opportunity to minimize risk to life, limb, and or sight. Do not include urgent cases (must be started within 3 hours) as they should be counted in Operating Room Urgent Cases.

This is a component of Operating Room Cases.

Operating Room Minutes

The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.

Operating Room Pediatric Cases

The total number of pediatric cases performed by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Operating Room Cases.

Operating Room Pediatric Minutes

The total elapsed time in minutes from the time a pediatric patient enters the operating room until the time the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of Operating Room Minutes.

Operating Room Perfusion Minutes

The total elapsed time in minutes a surgery patient receives perfusion treatment in the operating room during the reporting period. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

Operating Room Robotic Minutes

The total elapsed time in minutes from the time a robotic surgery patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.
Operating Room Trauma Cases

The total emergency cases identified as trauma performed in the operating room during the reporting period. "Trauma" typically refers to a serious or critical bodily injury, wound, or shock. Your facility is not required to be a designated trauma center to report this element.

This is a component of Operating Room Emergency Cases.

Operating Room Urgent Cases

The total urgent cases performed in the operating room during the reporting period. "Urgent" typically refers to a case that must be started within 3 hours to minimize risk to life, limb and or sight. Do not include emergency cases (must be started at the earliest opportunity or immediately) as they should be counted in Operating Room Emergency Cases.

This is a component of Operating Room Cases.

Robotic Surgical Cases

The total number of robotic cases performed by the department during the reporting period.

This is a component of Operating Room Cases.

Staff Ready Operating Rooms

The total number of separate operating rooms designed and equipped for surgical operations which have staff available (in house). Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies. Do not include rooms that are not ready for surgical use.

This is a subset of Operating Room Capacity.

TAVR Surgical Cases

The total number of transcatheter aortic valve replacement (TAVR) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Turnover Time

The average time (expressed in minutes) that the operating room(s) cannot be used due to necessary cleaning between sequentially scheduled cases (patient out to patient in). Do not include time where there is a planned break or gap between cases when calculating the average (i.e. no case schedule during a 4-hour planned break).
VAD/TAH Surgical Cases

The total number of ventricular assisted device (VAD) and total artificial heart (TAH) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Cardiac Operating Room Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Anesthesia Technician

Total hours worked by anesthesia technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.
**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Perfusionist**

Total hours worked by perfusionist staff on the payroll.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.
This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: RNFA, SA**

Total hours worked by registered nurse first assistants and surgical assistants.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

**Cardiac Operating Room Expense Elements**

**Anesthesia Supply Expense**

Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery or other areas.

This is a subset of Medical Supply Expense.

**Endomechanical Supply Expense**

Total expense for disposable instrumentation and suture for endoscopic procedures, endomechanical staples, etc.

This is a subset of Medical Supply Expense.
**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Implants Expense**

Total surgical supply expense for replacement, substitutes, or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh and pins. Exclude organ acquisition expenses.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Perfusionist**

Total expense for perfusionists on the department's payroll.

This is a subset of Labor Expense.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.
Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

Perfusion Contract Expense

Total expense for contract perfusionists.

This is a subset of Other Direct Operating Expense.

Perfusion Contract Expense

Total expense for contract perfusionists.

This is a subset of Other Direct Operating Expense.

Perfusion Supply Expense

Total expense for medical supplies used for activities related to the perfusion procedure.

This is a subset of Medical Supply Expense.
Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Suture Supply Expense

Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

TAVR Implant Expense

Total surgical supply expense for transcatheter aortic valve (TAVR) implants.

This is a subset of Implant Expense.

VAD/TAH Implant Expense

Total surgical supply expense for ventricular assisted devices (VAD) and total artificial heart (TAH) implants.

This is a subset of Implant Expense.

Cardiac Operating Room Mandatory Elements

The following data elements are mandatory for this department:

- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Operating Room Capacity
- Operating Room Cases
Operating Room Minutes

Operating Room Minutes: Pediatric

Operating Room Pediatric Cases

Other Direct Operating Expense

Paid Hours: Contract Labor

Paid Hours: Physician Provider

Paid Hours: Staff

Physician Provider Professional Fee Expense

Worked Hours: Physician Provider

Worked Hours: Staff

Cardiac Operating Room Normalizations

Include the hours, costs and volumes (where applicable) associated with the

- First Assistants (include RNFAs, Physician Assistants and other non-MDs functioning as First Assistants)
- Personnel performing the functions of the department’s day to day managerial operations (Surgical)
- Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

Exclude the hours costs and volumes (where applicable) associated with the

- Daily or terminal cleaning and wall washing for ancillary patient procedure areas
- Instrument Decontamination, Pack Assembly, Terminal Sterilization
- Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)

• Preoperative care: including preop orders, testing, education

• Repair and Maintenance of Clinical Equipment/Roos

• Staff that maintain/repair flash sterilizers (e.g. testing, cleaning) or any sterilization equipment (e.g. disinfectors, washers).

• Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)

• Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)

• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane

• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)

• Organ procurement or acquisition expenses

• Phase 1 Post operative recovery

• Phase 2 Post operative recovery (does not include boarders)

• Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)

• Pre-Op Holding and Post-Procedure Recovery

• Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures

• Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures

• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

• Sterile Processing (depending upon the type of department)
• Surgical Clinical Reviewer (SCR) for the National Surgical Quality Improvement Program (NSQIP)
• Transport of patients not requiring clinical escort

03020, Post Anesthesia Care Unit (PACU)

The Post Anesthesia Care Unit (PACU) department provides patient monitoring and care during the immediate post anesthesia period. Care may include primary as well as secondary recovery phases. In addition, PACU may provide patient care for over flow patients and specific procedures, such as therapeutic or diagnostic blocks for pain control, insertion of epidural or central catheters, or electroconvulsive therapy.

Post Anesthesia Care Unit Mapping Guidelines

If your cost center includes both pre operative and post operative care, another option might be the 03035 Pre-Op/PACU/Post-Op Combined department. If you have separate cost centers for different Post Anesthesia Care Units, map each one in a unique instance.

Post Anesthesia Care Unit Workload Volumes

Boarder Hours

The total time in hours Boarder Patients (patients who have completed Phase 2 recovery and have been identified for inpatient admission but still reside in the department) are cared for by department staff during the reporting period. The time starts with either a status change to inpatient or a maximum of 2 hours after a bed request has been submitted. Do not report boarder patients’ time under PACU minutes.

Boarder Patients

Total number of Boarder Patients cared for by department staff during the reporting period. A boarder patient has completed Phase 2 recovery and meets all the criteria to be admitted as an Inpatient, but a room is not available. Boarder patients typically wait 2-4 hours before the inpatient room becomes available.

Days of Operation per Week

The average number of days per week that the department is open for routine business.

The max number reported here is 7.
**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**PACU Cases**

The total number of PACU cases. This may include surgical patients, patients referred from labor and delivery, radiology, the GI lab, Cath lab, and patients receiving blood transfusions or nerve blocks. Include patients seen through discrete visits, such as ambulatory, inpatient, or outpatient surgery.

**PACU Inpatient Cases**

The total number of inpatient PACU cases. Include inpatients seen through discrete visits.

This is a component of PACU Cases.

**PACU Minutes**

The total amount of PACU minutes (includes Phase I, Phase II and pre operative holding case minutes) measured by when the patient enters the department to when the patient leaves the department. Do not include the time spent by Boarder Patients.

**PACU Pediatric Cases**

The total number of pediatric PACU cases. Include patients seen through discrete visits. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of PACU Cases.

**PACU Pediatric Minutes**

The total elapsed time in minutes from the time a pediatric patient enters the department until the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of PACU Minutes.
Pain Block Patient Cases
The number of pain block patients supported during the reporting period.

This is a component of PACU Cases.

Phase 1 Case Minutes
The total number of Phase I Post Anesthesia Care Unit (PACU) case minutes. Phase I PACU is a critical care area providing post anesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit or the Intensive Care Unit for continued care.

This is a component of PACU Minutes. A patient may also move to Phase 2 and would be counted in that element as well.

Phase 1 Cases
Total number of Phase I Post Anesthesia Care Unit (PACU) cases. Phase I PACU is a critical care area providing post anesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit or the Intensive Care Unit for continued care.

This is a component of PACU Cases. A patient may also move to Phase 2 and would be counted in that element as well.

Phase 2 Case Minutes
The total Phase II Post Anesthesia Care Unit (PACU) case minutes. Phase II PACU provides post anesthesia nursing care for patients immediately after operative procedures that utilized monitored anesthesia care (MAC), local anesthesia and for patients that have met the discharge criteria for Phase I. The primary nursing role during this phase is to focus on preparing the patient and the patient's caregiver for care in the home after discharge. Do not include the time Boarder Patients stay in the department, as the time would be counted in the element Boarder Hours.

This is a component of PACU Minutes. A patient may also move to Phase 1 and would be counted in that element as well.

Phase 2 Cases
The total number of Phase II Post Anesthesia Care Unit (PACU) cases. Phase II PACU provides post anesthesia nursing care for patients immediately after operative procedures that utilized monitored anesthesia care (MAC), local anesthesia and for patients that have met the discharge criteria for Phase I. The primary nursing role during this phase is to focus on preparing the patient and the patient's caregiver for care in the home after discharge, or an extended care environment. Do not include Boarder Patients as they would be counted in the element Boarder Patients.

This is a component of PACU Cases. A patient may have been counted in the Phase 1 element as well.
Pre Operative Holding Cases
The total pre-operative holding cases supported by department staff.

This is a subset of Recovery Room Cases.

Regional Block Cases
The number of patients supported that receive a regional block. The regional block is administered at an appropriate location to provide anesthesia for surgery.

This is a component of PACU Cases.

Post Anesthesia Care Unit Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN
Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.
**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

**Post Anesthesia Care Unit Expense Elements**

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.
Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Post Anesthesia Care Unit Mandatory Elements
The following data elements are mandatory for this department:

- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Other Direct Operating Expense
- PACU Cases
- PACU Pediatric Cases
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Recovery Room Cases
- Worked Hours: Staff

**Post Anesthesia Care Unit Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

- Personnel performing the functions of the department’s day to day managerial operations (Surgical)
- Post operative recovery (Phase 1 or Phase 2)
- Phase 1 Post operative recovery
- Phase 2 Post operative recovery (does not include boarders)

Exclude the hours costs and volumes (where applicable) associated with the

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)
- Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)

• Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

• Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)

• Pre-Op Holding and Post-Procedure Recovery

• Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures

• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

• Repair and Maintenance of Clinical Equipment/Rooms.

• Transport of patients not requiring clinical escort

**03030, Surgery Pre Op and Post Recovery Only**

This department includes all preoperative care and secondary post anesthetic recovery care. Preoperative care includes work performed prior to the day of surgery and day of surgery, such as preoperative orders, testing, or teaching. Postoperative care extends past discharge to include telephone follow up. This department does not include PACU or operating room support functions for patients undergoing outpatient surgery and other invasive procedures.

**Surgery Pre Op and Post Recovery Only Mapping Guidelines**

If your cost center includes pre operative care and all phases of post operative care, another option might be the 03035 Pre-Op/PACU/Post-Op Combined department. If your cost center does not perform pre operative functions, another option might be the 03020 Post Anesthesia Care Unit (PACU) Only department.
Surgical Services

Surgery Pre Op and Post Recovery Only Workload Volumes

Ambulatory Surgery Cases Supported

The total ambulatory or outpatient surgery cases supported by the department during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Total Cases Supported.

Boarder Hours

The total time in hours Boarder Patients (patients who have completed Phase 2 recovery and have been identified for inpatient admission but still reside in the department) are cared for by department staff during the reporting period. The time starts with either a status change to inpatient or a maximum of 2 hours after a bed request has been submitted. Do not report boarder patients' time under PACU minutes.

Boarder Patients

Total number of Boarder Patients cared for by department staff during the reporting period. A boarder patient has completed Phase 2 recovery and meets all the criteria to be admitted as an Inpatient, but a room is not available. Boarder patients typically wait 2-4 hours before the inpatient room becomes available.

Cases Supported: Inpatient

Total of all inpatient cases supported by department staff during the reporting period including the Operating Room(s), Ambulatory Surgery, and Anesthesia departments.

This is a component of Total Cases Supported.

Cases Supported: Pediatric

The total number of pediatric cases supported by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Total Cases Supported.

Days of Operation per Week

The average number of days per week that the department is open for routine business.
The max number reported here is 7.

**Education and Orientation Hours**

Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

**Medical Cases Supported**

The total medical cases supported by department staff during the reporting period. Medical cases are often referred to as procedural cases or non-surgical cases.

This is a component of Total Cases Supported.

**Pain Block Patient Cases Supported**

The number of pain block patients supported during the reporting period.

This is a component of Total Cases Supported.

**Patient Observation Minutes**

The total minutes patients are under the care of department staff including both pre and post recovery.

**Phone Encounters**

The number of routine, pre-admission/pre-procedure encounters (evaluations with pre-procedure teaching) by a registered nurse performed via telephone.

**Pre Operative Holding Cases**

The total pre operative holding cases supported by department staff.

This is a component of Total Cases Supported.
Preoperative Visits

The total number of preoperative visits to this department. If preoperative visits occur in another department or another location (such as a community-based testing center), do not include these visits in ambulatory surgery preoperative visits.

Regional Block Cases Supported

The number of patients supported that receive a regional block. The regional block is administered at an appropriate location to provide anesthesis for surgery.

This is a component of Total Cases Supported.

Total Cases Supported

Total of all cases supported by department staff during the reporting period.

Surgery Pre Op and Post Recovery Only Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.
This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.
**Worked Hours: Preadmission Testing Staff**

Total hours worked by technologist, technician, and medical assistant staff dedicated to preadmission testing activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

**Surgery Pre Op and Post Recovery Only Expense Elements**

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.
This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Surgery Pre Op and Post Recovery Only Mandatory Elements**

The following data elements are mandatory for this department:

- Cases Supported
- Cases Supported: Pediatric
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Physician Provider
- Paid Hours: Staff
- Physician Provider Professional Fee Expense
- Worked Hours: Physician Provider
- Worked Hours: Staff
Surgery Pre Op and Post Recovery Only Normalizations

Include the hours and costs associated with the following function:

- Personnel performing the functions of the department’s day to day managerial operations (Surgical)
- Preoperative care: including preop orders, testing, education

Exclude the hours costs and volumes (where applicable) associated with the

- Ambulatory Surgery Registrations-for hospital based Ambulatory Surgery departments
- Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)
- Post-procedure recovery for Cardiovascular studies and related procedures
- Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)
- Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures
- Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures
- Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures
- Repair and Maintenance of Clinical Equipment/Rooms
- Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)
- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)
- Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.
• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

• Transport of patients not requiring clinical escort

03035, Pre Op/PACU/Post-Op Combined

The Pre-Op/PACU/Post-Op Combined department provides patient monitoring and care during the pre operative, immediate post anesthesia, and secondary post anesthetic recovery care periods. Pre operative care includes but is not limited to: work performed prior to the day of surgery (such as pre operative orders, testing, or teaching) and on the day of surgery (such as pre operative holding, testing). Immediate post anesthesia care may include primary as well as secondary recovery phases. Post operative care extends past discharge to include telephone follow up. In addition, the department may provide patient care for over flow patients and specific procedures, such as therapeutic or diagnostic blocks for pain control, insertion of epidural or central catheters, or electroconvulsive therapy.

Pre Op/PACU/Post-Op Combined Mapping Guidelines

If you have a single cost center that represents all of the services as defined, map to this profile. If your cost center does not include pre operative and post operative care, another option might be the PACU Only department. If your cost center does not include the immediate post anesthesia care, another option might be the Surgery Pre Op and Post Recovery Only department.

Pre Op/PACU/Post-Op Combined Workload Volumes

Ambulatory Surgery Cases Supported

The total ambulatory or outpatient surgery cases supported by the department during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Total Cases Supported.
Boarder Hours
The total time in hours Boarder Patients (patients who have completed Phase 2 recovery and have been identified for inpatient admission but still reside in the department) are cared for by department staff during the reporting period. The time starts with either a status change to inpatient or a maximum of 2 hours after a bed request has been submitted. Do not report boarder patients' time under PACU minutes.

Boarder Patients
Total number of Boarder Patients cared for by department staff during the reporting period. A boarder patient has completed Phase 2 recovery and meets all the criteria to be admitted as an Inpatient, but a room is not available. Boarder patients typically wait 2-4 hours before the inpatient room becomes available.

Cases Supported: Inpatient
Total of all inpatient cases supported by department staff during the reporting period including the Operating Room(s), Ambulatory Surgery, and Anesthesia departments.

This is a component of Total Cases Supported.

Cases Supported: Pediatric
The total number of pediatric cases supported by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Total Cases Supported.

Days of Operation per Week
The average number of days per week that the department is open for routine business.

The maximum number that can be reported is 7.

Education and Orientation Hours
Enter the total number of hours staff participated in education and orientation for the reporting period. The education and orientation hours captured here is separate from organizational orientation. Education and Orientation hours are for the purpose of continuing education and on the job training for staff only. This excludes contract labor.

Hours of Operation per Week
The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.
Medical Cases Supported

The total medical cases supported by department staff during the reporting period. Medical cases are often referred to as procedural cases or non-surgical cases.

This is a component of Total Cases Supported.

PACU Cases

The total number of PACU cases. This may include surgical patients, patients referred from labor and delivery, radiology, the GI lab, and the cath lab, and patients receiving blood transfusions or nerve blocks. Include patients seen through discrete visits, such as ambulatory, inpatient, or outpatient surgery.

PACU Inpatient Cases

The total number of inpatient PACU cases. Include inpatients seen through discrete visits.

This is a component of PACU Cases.

PACU Minutes

The total amount of PACU minutes (includes Phase I, Phase II and pre operative holding case minutes) measured by when the patient enters the department to when the patient leaves the department. Do not include the time spent by Boarder Patients.

PACU Pediatric Cases

The total number of pediatric PACU cases supported by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of PACU Cases.

PACU Pediatric Minutes

The total elapsed time in minutes from the time a pediatric patient enters the department until the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of PACU Minutes.

Pain Block Patient Cases Supported

The number of patients supported that receive pain blocks during the reporting period.

This is a component of Total Cases Supported.
Patient Observation Minutes

The total minutes patients are under the care of department staff including both pre and post recovery.

Phase 1 Case Minutes

The total number of Phase I Post Anesthesia Care Unit (PACU) case minutes. Phase I PACU is a critical care area providing post anesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit or the Intensive Care Unit for continued care.

This is a component of PACU Minutes. A patient may also move to Phase 2 and would be counted in that element as well.

Phase 1 Cases

Total number of Phase I Post Anesthesia Care Unit (PACU) cases. Phase I PACU is a critical care area providing post anesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit or the Intensive Care Unit for continued care.

This is a component of PACU Cases. A patient may also move to Phase 2 and would be counted in that element as well.

Phase 2 Case Minutes

The total Phase II Post Anesthesia Care Unit (PACU) case minutes. Phase II PACU provides post anesthesia nursing care for patients immediately after operative procedures that utilized monitored anesthesia care (MAC), local anesthesia and for patients that have met the discharge criteria for Phase I. The primary nursing role during this phase is to focus on preparing the patient and the patient's caregiver for care in the home after discharge. Do not include the time Boarder Patients stay in the department, as the time would be counted in the element Boarder Hours.

This is a component of PACU Minutes. A patient may also move to Phase 1 and would be counted in that element as well.

Phase 2 Cases

The total number of Phase II Post Anesthesia Care Unit (PACU) cases. Phase II PACU provides post anesthesia nursing care for patients immediately after operative procedures that utilized monitored anesthesia care (MAC), local anesthesia and for patients that have met the discharge criteria for Phase I. The primary nursing role during this phase is to focus on preparing the patient and the patient's caregiver for care in the home after discharge, or an extended care environment. Do not include Boarder Patients as they would be counted in the element Boarder Patients.

This is a component of PACU Cases. A patient may have been counted in the Phase 1 element as well.
**Phone Encounters**

The number of routine, pre-admission/pre-procedure encounters (evaluations with pre-procedure teaching) by a registered nurse performed via telephone.

**Pre Operative Holding Cases**

The total pre operative holding cases supported by department staff.

This is a component of Total Cases Supported.

**Preoperative Visits**

The total number of preoperative visits to this department. If preoperative visits occur in another department or another location (such as a community-based testing center), do not include these visits in ambulatory surgery preoperative visits.

**Regional Block Cases**

The number of patients supported that receive a regional block. The regional block is administered at an appropriate location to provide anesthesia for surgery.

This is a component of PACU Cases.

**Regional Block Minutes**

The total minutes (lapse time) that would begin with the Time Out and include the sedation of the patient, the procedure and the time the RN remains at the bedside post procedure providing 1:1 care in monitoring the patient and vital signs.

This is a component of PACU Minutes.

**Total Cases Supported**

Total of all cases supported by department staff during the reporting period.

**Pre Op/PACU/Post-Op Combined Department Hours Elements**

**Paid Hours: Contract Labor**

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

**Worked Hours: LPN, LVN**

Hours worked by LPN, LVNs (Licensed Practical Nurses or Licensed Vocational Nurses) providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
**Worked Hours: Overtime**

Represents the sum of non-physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Preadmission Testing Staff**

Total hours worked by technologist, technician, and medical assistant staff dedicated to preadmission testing activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) Including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.
Pre Op/PACU/Post-Op Combined Expense Elements

Equipment Repair And Maintenance Expense

Total expense to repair and maintain major equipment charged to this department. Include fee for service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Pre Op/PACU/Post-Op Combined Mandatory Elements**

The following data elements are mandatory for this department:

- Cases Supported
- Cases Supported: Pediatric
- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
• Labor Expense: Physician Provider
• Other Direct Operating Expense
• PACU Cases
• PACU Pediatric Cases
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Pre Op/PACU/Post-Op Combined Normalizations

Include the hours costs and volumes (where applicable) associated with the

• Personnel performing the functions of the department’s day to day managerial operations (Surgical)
• Phase 1 Post operative recovery
• Phase 2 Post operative recovery (does not include boarders)
• Preoperative care: including preop orders, testing, education
• Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)
• Ambulatory Surgery Registrations-for hospital based Ambulatory Surgery departments
• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)

- Phlebotomy, e.g., the puncturing of a vein for collecting blood specimens which are sent to the laboratory for analysis and testing. Does not include line draws.

- Post-procedure recovery for Cardiovascular studies and related procedures

- Post-procedure recovery for Endoscopy GI studies and related procedures (phase 1 and 2)

- Pre-procedure assessment and patient preparation for Cardiovascular studies and related procedures

- Pre-procedure assessment and patient preparation for Endoscopy GI studies and related procedures

- Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures

- Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

- Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

- Repair and Maintenance of Clinical Equipment/Rooms

- Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)

- Transport of patients not requiring clinical escort

03040, Ambulatory Surgery Center

The Ambulatory Surgery Center department may include functions related to the operating room, pre operative care, PACU, and post operative services for patients undergoing outpatient, ambulatory surgical procedures. This includes but is not limited to: intraoperative patient care and monitoring, perfusion services, and other ambulatory surgery support functions. It does not include anesthesia functions, Sterile Processing and/or Central Sterile Supply and Distribution functions.

Ambulatory Surgery Center Mapping Guidelines

If your cost center does not perform outpatient surgery, another option might be the 03030, Surgery Pre Op and Post Recovery Only department.
Ambulatory Surgery Center Workload Volumes

Days of Operation per Week
The average number of days per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 7.

GI Endoscopy Cases
The total GI Endoscopy Cases performed in this department during the reporting period. Endoscopy is the examination of a body cavity by means of an endoscope, a tube like instrument with lenses and a light source attached. Do not include cases performed by another department or in a separate Endoscopy suite reported in ActionOI under the 04630, Endoscopy department.

This is a component of Operating Room Cases.

Hours of Operation per Week
The average number of hours per week that the department is open for routine business (i.e. has at least 50% of its "staff ready operating rooms" open for routine business).

The maximum number that can be reported is 168.

Operating Room Capacity
The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.

Operating Room Cases
The total cases performed by department staff during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. The value reported for cases should correspond with the value reported for Operating Room Minutes. Do not include incomplete cases if you are not able to accurately report the corresponding minutes for these cases.

Total of components may be greater than case total.
**Operating Room Minutes**

The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.

**Operating Room Pediatric Cases**

The total number of pediatric cases performed by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Operating Room Cases.

**Operating Room Pediatric Minutes**

The total elapsed time in minutes from the time a pediatric patient enters the operating room until the time the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of Operating Room Minutes.

**Operating Room Robotic Minutes**

The total elapsed time in minutes from the time a robotic surgery patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

**Ophthalmology Cases**

The total number of ophthalmology cases performed by the department during the reporting period. Ophthalmology cases includes but is not limited to laser eye surgery, cataract surgery, glaucoma surgery, refractive surgery and corneal surgery.

This is a component of Operating Room Cases.

**Orthopedic Cases**

The total orthopedic cases performed in the operating room during the reporting period. Orthopedics is the branch of surgery concerned with disorders of bones and joints and the muscles, tendons, and ligaments associated with them. Do not report Neuro Ortho Spine cases in this category.

This is a component of Operating Room Cases.
Recovery Room Cases

The total number of PACU cases. This may include surgical patients, patients referred from labor and delivery, radiology, the GI lab, and the cath lab, and patients receiving blood transfusions or nerve blocks. Include patients seen through discrete visits, such as ambulatory, inpatient, or outpatient surgery.

PACU Minutes

The total amount of PACU minutes (includes Phase I, Phase II and pre operative holding case minutes) measured by when the patient enters the department to when the patient leaves the department. Do not include the time spent by Boarder Patients.

Preoperative Visits

The total number of preoperative visits to this department. If preoperative visits occur in another department or another location (such as a community-based testing center), do not include these visits in ambulatory surgery preoperative visits.

Robotic Surgical Cases

The total number of robotic cases performed by the department during the reporting period.

This is a component of Operating Room Cases.

Staff Ready Operating Rooms

The total number of separate operating rooms designed and equipped for surgical operations which have staff available (in house). Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies. Do not include rooms that are not ready for surgical use.

This is a subset of Operating Room Capacity.

Turnover Time

The average time (expressed in minutes) that the operating room(s) cannot be used due to necessary cleaning between sequentially scheduled cases (patient out to patient in). Do not include time where there is a planned break or gap between cases when calculating the average (i.e. no case schedule during a 4-hour planned break).

Ambulatory Surgery Center Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
**Paid Hours: Physician Provider**

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

**Paid Hours: Staff**

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

**Robotic Supply Expense**

Total surgical supply expense for robotic supplies.

This is a subset of Medical Supply Expense.

**Suture Supply Expense**

Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

**Worked Hours: Anesthesia Technician**

Total hours worked by anesthesia technicians.

Total hours worked by anesthesia technicians.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.
This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

**Worked Hours: Overtime**

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.
Worked Hours: RNFA, SA

Total hours worked by registered nurse first assistants and surgical assistants.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Worked Hours: Surgical Technician

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

Ambulatory Surgery Center Expense Elements

Anesthesia Supply Expense

Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery or other areas.

This is a subset of Medical Supply Expense.

Endomechanical Supply Expense

Total expense for disposable instrumentation/suture for endoscopic procedures, endomechanical staples, etc.

This is a subset of Medical Supply Expense.

Equipment Repair And Maintenance Expense

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

Implants Expense

Total surgical supply expense for replacement, substitutes, or aids to body parts. Examples of these expenses are joint replacements, screws, plates, wires, and pins. Pacemakers and implantable defibrillators should be reported on a Cardiac department.
This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

**Robotic Supply Expense**

Total surgical supply expense for robotic supplies.

This is a subset of Medical Supply Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Suture Supply Expense**

Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

**Ambulatory Surgery Center Mandatory Elements**

The following data elements are mandatory for this department:

- Days of Operation per Week
- Hours of Operation per Week
- Labor Expense
- Labor Expense: Physician Provider
• Operating Room Capacity
• Operating Room Cases
• Operating Room Minutes
• Operating Room Pediatric Minutes
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Ambulatory Surgery Center Normalizations

Include the hours costs and volumes (where applicable) associated with the

• Personnel performing the functions of the department’s day to day managerial operations (Surgical)
• Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)
• First Assistants (include RNFAs, Physician Assistants and other non-MDs functioning as First Assistants)

Exclude the hours costs and volumes (where applicable) associated with the

• Ambulatory Surgery Registrations—for hospital based Ambulatory Surgery departments
• Daily or terminal cleaning and wall washing for ancillary patient procedure areas
• Instrument Decontamination, Pack Assembly, Terminal Sterilization
• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
- Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

- Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)

- Repair and Maintenance of Clinical Equipment/Rooms

- Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)

- Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)

- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)

- Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)

- Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

- Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

- Surgical Clinical Reviewer (SCR) for the National Surgical Quality Improvement Program (NSQIP)

### 03060, Anesthesia

This department provides anesthesia anywhere within the facility. May include but not limited to the operating room, ambulatory surgery, labor and delivery, emergency department, cardiac catheterization lab, and intensive care units. This includes peri-anesthetic care.

### Anesthesia Mapping Guidelines

If your cost center performs only monitoring or care during the immediate post anesthesia period or for specific procedures, another option might be the 03020 PACU 0r 03035 Pre Op/PACU/Post Op departments.
Anesthesia Workload Volumes

ASA Physical Status 1

Report the number of Anesthesia Cases with an ASA Physical Status Level 1 as defined by the American Society of Anesthesiology. Patients assigned to ASA PS Level 1 are defined as a normal healthy patient. Examples include a healthy individual, non-smoking and no or minimal alcohol use.

ASA Physical Status 2

Report the number of Anesthesia Cases with an ASA Physical Status Level 2 as defined by the American Society of Anesthesiology. Patients assigned to ASA PS Level 2 are defined as patients with mild systemic disease. Examples include but not limited to mild diseases only without substantive functional limitations, current smoker, obesity (30 < BMI < 40) or mild lung disease.

ASA Physical Status 3

Report the number of Anesthesia Cases with an ASA Physical Status Level 3 as defined by the American Society of Anesthesiology. Patients assigned to ASA PS Level 3 are defined as patients with severe systemic disease with substantive functional limitations. Examples include but not limited to poorly controlled diabetes or hypertension, COPD, morbid obesity (BMI greater than or equal to 40), active hepatitis, alcohol dependence or abuse, implanted pacemaker or undergoing regularly scheduled dialysis.

ASA Physical Status 4

Report the number of Anesthesia Cases with an ASA Physical Status Level 4 as defined by the American Society of Anesthesiology. Patients assigned to ASA PS Level 4 are patients with severe systemic disease that is a constant threat to life. Examples include but are not limited to recent Myocardial Infarction, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction or sepsis.

ASA Physical Status 5

Report the number of Anesthesia Cases with an ASA Physical Status Level 5 as defined by the American Society of Anesthesiology. Patients assigned to ASA PS Level 5 are moribund patients who are not expected to survive without the operation. Examples include but not limited to ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction.

ASA Physical Status 6

Report the number of Anesthesia Cases with an ASA Physical Status Level 6 as defined by the American Society of Anesthesiology. Patients assigned to ASA PS Level 6 declared brain-dead and whose organs are being removed for donor purposes.
Cases Attended

The total cases attended by anesthesia staff for all types of anesthesia, such as surgery, labor and delivery, special procedure, and nerve block.

Geriatric Cases Attended

Total number of Geriatric Cases attended. A Geriatric case is a case that is performed on a patient 65 years or older.

This is a component of Cases Attended.

Inpatient Cases Attended

The total number of anesthesia inpatient cases attended. An anesthesia inpatient is defined as an inpatient for whom an anesthesia procedure is performed. Each patient is counted once, regardless of the number of surgical procedures, amount of time involved or type of procedure.

This is a component of Cases Attended.

Pediatric Cases Attended

Number of Pediatric Cases attended. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Cases Attended.

Days of Operation per Week

The average number of days per week that the department is open for routine business.

The max number reported here is 7.

Epidural Cases

Number of Epidural Cases. Including but not limited to OB and pain management cases. Include only cases performed by this department within the Operating Room.

This is a subset of Regional Anesthesia Cases.
General Anesthesia Cases

Number of cases performed under general anesthesia during the reporting period. General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory support is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may also be impaired.

This is a component of Cases Attended.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Local Anesthesia Cases

Number of cases performed under local anesthesia during the reporting period. For local anesthesia, the provider will inject a local anesthetic into a specific area of the body to numb that area by preventing the nerves from sending pain signals. Lidocaine is an example of a commonly used local anesthetic.

This is a component of Cases Attended.

Minutes Anesthesia (Total) Start to Finish

The total minutes (lapse time) the patient is sedated (includes conscious and unconscious sedation). This would include sedation given to the patient in pre-op along with the block. This time is routinely recorded in the anesthesia record. This number should not exceed Minutes Patient Enter to Leave.

This is a subset of Minutes Patient Enter To Leave.

Minutes Anesthesia (Unconscious) Start To Finish

The total minutes (lapse time) the anesthetic provider is in patient attendance for delivery of anesthetic. This time is routinely recorded in the anesthesia record. This number should not exceed Minutes Anesthesia (Total) Start To Finish.

This is a subset of Minutes Anesthesia (Total) Start To Finish.

Minutes Patient Enter To Leave

The total minutes that a member of the anesthesia team is responsible for the patient. This includes the time preparing the patient for the induction of any type of anesthesia until the time the care of the patient becomes the responsibility of the post anesthesia care team.
Non Operating Room Anesthesia (NORA) Cases

Number of Non Operating Room Anesthesia Cases. A Non Operating Room Anesthesia Case is one that provides sedation for patients apart from the operating suite. This can include but is not limited to radiology, endoscopy and hematology and or oncology patients who require sedation on a regular basis.

This is a component of Cases Attended.

Non Operating Room Regional Block Cases

Number of regional block placements performed outside of the operating room. A Non Operating Room Block Case is one that provides a regional block to patients apart from the operating suite.

This is a subset of Regional Blocked Cases.

Regional Anesthesia Cases

Number of cases performed under regional anesthesia during the reporting period. Regional Anesthesia is the delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinalis and other central neuraxial nerve blocks. It is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required. Regional anesthesia can be used alone during surgery, in combination with general anesthesia during surgery or after surgery for pain control.

This is a component of Cases Attended.

Regional Block Cases

Number of patients that receive a regional block. The regional block is administered at an appropriate location to provide anesthesia for surgery.

Regional Block Minutes

The total minutes (lapse time) that would begin with the Time Out and include the sedation of the patient, the procedure and the time the RN remains at the bedside post procedure providing 1:1 care in monitoring the patient and vital signs.

Anesthesia Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.
Paid Hours: Physician Provider
Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Anesthesia Technician
Total hours worked by anesthesia technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN
Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider
Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.
Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Anesthesia Expense Elements

Anesthesia Supply Expense

Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery, or other areas.
This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

Other Direct Operating Expense

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

Overtime Salary Expense

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

Physician Provider Professional Fee Expense

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

Anesthesia Mandatory Elements

The following data elements are mandatory for this department:

- Labor Expense
- Labor Expense: Physician Provider
- Minutes Anesthesia (Unconscious) Start To Finish
- Other Direct Operating Expense
- Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Anesthesia Normalizations

Include the hours and costs associated with the following function:

• Anesthetic gases (e.g. nitrous oxide, sevoflurane, desflurane, isoflurane, and halothane)
• Personnel performing the functions of the department’s day to day managerial operations (Surgical)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)
• Anesthesiology Training Program
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)
• Repair and Maintenance of Clinical Equipment/Rooms
• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)
• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing
• Transport of patients not requiring clinical escort
03070, Central Sterile Services

This department includes all instrument processing and sterile supply functions for departments within the facility. This includes surgery, labor and delivery, emergency departments, etc. Central Sterile Services includes decontamination, cleaning, assembling, wrapping/packaging, sterilization and distribution of items such as surgical instruments, trays, and packs. Additional responsibilities may include replenishment of par carts/exchange carts throughout the facility, cleaning mobile patient care equipment (such as IV pumps and suction machines), and storing sterile supplies awaiting use.

Central Sterile Services Mapping Guidelines

If your cost center does not perform the distribution functions, another option may be the 03071 Central Sterile Services without Distribution (CSS) department. If your cost center performs all of the defined functions for only Surgical Services (main O.R. and or Ambulatory Surgery) departments, you may map to this profile, however, be sure to answer the characteristic survey questions carefully.

Central Sterile Services Workload Volumes

Ambulatory Surgery Cases

The total ambulatory or outpatient surgery cases supported by the department during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Total Cases Supported.

Areas Supported

The total number of sites the department supported and served during the reporting period. Include all separate locations such as an ambulatory operating room, an inpatient operating room, labor and delivery, an emergency department, as well as special procedural areas, clinics and or radiological areas.

Case Carts Assembled

The total separate case carts assembled for areas including but not limited to operating rooms, labor and delivery. If the department does not use the case cart system, the total cases supported by department staff may be reported.

Days of Operation per Week

The average number of days per week that the department is open for routine business.
The max number reported here is 7.

**Durable Medical Equipment Processed**

Enter the total number of pieces of durable medical (re-useable) equipment cleaned (not sterilized) by the department during the reporting period. Example: wheelchairs.

This is a component of Total Pieces of Equipment Processed.

**Ethylene Oxide (ETO) Sterilizer Loads**

Number of Ethylene Oxide (ETO) sterilizer loads. Ethylene Oxide (ETO) gas uses relatively low temperatures for sterilization. However, a lengthy aeration time must follow each cycle.

This is a subset of Loads Sterilized.

**Flexible Endoscopes Processed**

The total number of flexible endoscopes processed by the department for the reporting period. A flexible endoscope is a lighted optical instrument used to get a deep look inside the body for the purpose of examining an organ. This may include but is not limited to the examination of the throat or esophagus. Do not include endoscopes processed by another department (i.e. a GI Endoscopy department).

This is a component of Items Processed.

**Gas Plasma Sterilizer Loads**

Total gas plasma (hydrogen peroxide, ozone, etc) sterilization loads. A method for plasma sterilization includes exposing an item to be sterilized to plasma generated from a gas mixture. The exposure of the item to the plasma is carried out at a pressure of 0.1 to 10 torr and a chamber temperature of less than 63°C for a time period sufficient to sterilize items.

This is a subset of Loads Sterilized.

**GI Endoscopy Cases Supported**

The total number of flexible endoscopes processed by the department for the reporting period. A flexible endoscope is a lighted optical instrument used to get a deep look inside the body for the purpose of examining an organ. This may include but is not limited to the examination of the throat or esophagus. Do not include endoscopes processed by another department (e.g. GI Endoscopy department).

This is a component of Total Cases Supported.

**Hours of Operation per Week**

The average number of hours the department is open for operation during the week.
The maximum number that can be reported is 168.

**Interventional Radiology Cases**

The total Interventional Radiology Cases supported by the department during the reporting period. Interventional Radiology cases are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.

This is a component of Total Cases Supported.

**Invasive Cardiology Cases**

The total Invasive Cardiology cases supported by the department during the reporting period. Invasive Cardiology cases are typically performed in the operating room, Cath Lab and or EP Lab department.

This is a component of Total Cases Supported.

**Items Issued**

The total items issued by the department during the reporting period. Issued refers to the distribution of the individually wrapped units (decontaminated, high level disinfected, and or sterilized by department staff) including trays, sets, and individual instruments along with mobile patient care equipment.

**Items Processed**

The total number of items processed by the department during the reporting period. Items refers to the total individually wrapped units decontaminated, high level disinfected, and sterilized by department staff including trays, sets, and individual instruments along with mobile patient care equipment. A unit (wrap, set, tray) is based on an item recipe or order from the customer of the department. A customer can be surgery, labor and delivery, or other clinical area that requires the "unit" based on professional determination from that department. This unit can be one instrument. When more than one instrument is in a tray, set, or wrap, the unit is one that includes several instruments or items as designated by the recipe. Do not count a unit one time after decontamination and a second time after disinfection or sterilization.

Refer to the CSSD Processing Intensity Score Worksheet for assistance in reporting this element.

**Items Sterilized**

These items are sterilized, not just decontaminated or disinfected.

This is a component of Items Processed.
**Labor and Delivery Packs Prepared**

The total number of labor and delivery packs (disposable and non-disposable items) prepared for labor and delivery.

**Loads Decontaminated**

The total complete decontamination loads performed by department decontamination equipment. Decontaminated loads are essentially washed loads, ready for further disinfection or sterilization. A cycle is one decontamination load of equipment regardless of the type and size of the machine or the amount of materials.

**Loads Disinfected (High Level)**

The total number of loads disinfected may include but not limited to pasteurization or other high level disinfectants.

**Loads Sterilized**

The total sterilizing loads performed by the department through any type of sterilization process or equipment. Sterilization includes but is not limited to Steam, Ethylene Oxide Gas, Gas Plasma, Ozone Gas or Hydrogen Peroxide. Do not include loads that are high level disinfected (i.e., using Pasteurization or Gluteraldehyde technology). A cycle is one sterilization load of the equipment regardless of the type and size of the machine or the amount of materials. Exclude loads for equipment testing repair services.

**Neonate Deliveries**

Total neonate deliveries (including stillbirths) supported by the department during the reporting period. Include multiple births as number of neonates delivered, (e.g., twins count as two).

This is a component of Total Cases Supported.

**Neonate Equipment Processed**

Total number of neonatal intensive care equipment that was disassembled, cleaned and then reassembled by the department during the reporting period.

This is a component of Total Pieces of Equipment Processed.

**Neuro Instrument Sets Processed**

Total number of kits completed for neuro surgeries on the back or head. These kits may contain instruments and implants that are sterilized, restocked, assembled, and packaged.

This is a component of Total Pieces of Equipment Processed.
Operating Room Case Carts Assembled
The total number of case carts prepared for use in the operating room.

This is a component of Case Carts Assembled.

Orthopedic Instrument Sets Processed
Total number of kits completed for orthopedic surgeries. These kits may contain plates, screws, and other instruments that are sterilized, restocked, assembled, and packaged.

This is a component of Total Pieces of Equipment Processed.

Processing Complexity Level 1
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 15 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G3) for assistance in reporting this element.

Processing Complexity Level 2
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 30 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G5) for assistance in reporting this element.

Processing Complexity Level 3
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 40 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G7) for assistance in reporting this element.

Processing Complexity Level 4
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 75 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G9) for assistance in reporting this element.

Routine Unit Supply Replenishing
The total routine unit supply carts and or case carts exchanged or replenished by the department during the reporting period. Include case carts that were prepared and delivered, and exchange carts that were replenished and delivered. If the department does not use a cart exchange supply system, leave this element blank.

Specialty Case Carts Assembled
The total number of carts prepared with custom or specialty supplies.
This is a component of Case Carts Assembled.

**Spine Instrument Sets Processed**

Total number of kits completed for spine surgeries (i.e. fusions). These kits may contain instruments and implants that are sterilized, restocked, assembled and packaged.

This is a component of Total Pieces of Equipment Processed.

**Steam Sterilizer Loads**

Total steam sterilizer loads. This process sterilizes items by using steam under pressure. An autoclave allows steam to flow around each article placed in the chamber. The vapor penetrates the articles being sterilized. Autoclaving is one of the most effective methods for destruction of all types of microorganisms. The amount of processing time and degree of temperature necessary for sterilization depend on the articles to be sterilized.

This is a subset of Loads Sterilized.

**Sterile Storage Inventory**

This includes all sterile processing commodities in stock and ready for use after sterilization. This includes instrument sets, individual instruments, and linen packs as well as disposable supplies and mobile patient equipment. Mobile patient equipment includes items such as IV pumps and suction machines. Disposable supplies include items such as bedpans, towel packs, needles, suture sets, and suction containers. This number should be a physical count.

**Sterile Processing Sites**

Total number of geographic sterile processing sites managed. Includes, but is not limited to, the main sterile processing site and secondary sites maintained in ambulatory surgery, the OR core, core extension, ASC core

**Total Cases Supported**

The total number of cases supported by this department during the reporting period. This includes cases for all ancillary areas supported by the department including, but not limited to: the operating room, ambulatory surgery, cath lab, EP Lab, interventional radiology, GI Endoscopy Lab, Labor and delivery, and the Emergency Room.

**Total Joint Instrument Sets Processed**

Total number of kits (sets, pans) completed for total joint surgeries. These kits may contain instruments and implants that are sterilized, restocked, assembled, and packaged.

This is a component of Total Pieces of Equipment Processed.
Total Pieces of Equipment Processed

Total pieces of equipment processed by the department during the reporting period. Refer to the CSSD Processing Complexity Worksheet (cell C11) for assistance in reporting this element.

Central Sterile Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Central Sterile Technician

Total hours worked by Central Sterile Technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee’s normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).
This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Central Sterile Services Operational Metrics**

**Percent of Disposable Supplies Utilized**

Indicate the percentage of disposable supplies used *in lieu* of reusable sterile processing supplies. The value should be represented as whole numbers, i.e. 50% is entered as 50.

**Central Sterile Services Expense Elements**

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.
**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Central Sterile Services Mandatory Elements**

The following data elements are mandatory for this department:

- Areas Supported
- Days of Operation per Week
- Hours of Operation per Week
- Items Processed
- Labor Expense
- Loads Sterilized
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Cases Supported
- Worked Hours: Staff
Central Sterile Services Normalizations

Include the hours and costs associated with the following function:

- Instrument Decontamination, Pack Assembly, Terminal Sterilization
- Personnel performing the functions of the department’s day to day managerial operations (Surgical)
- Staff that maintain/repair flash sterilizers (e.g. testing, cleaning) or any sterilization equipment (e.g. disinfectors, washers).
- Sterile Processing (depending upon the type of department)

Exclude the hours and costs associated with the following function:

- Cleaning and processing of scopes or instruments used by the Endoscopy-GI Lab department
- Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)
- Repair and Maintenance of Clinical Equipment/Roofs
- Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)
- Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)
- Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)
- Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

03071, Central Sterile Services without Distribution

This department includes all instrument reprocessing and sterile supply functions for surgery, labor and delivery, emergency departments, and other special procedure areas. Sterile processing includes decontamination, cleaning, assembling, wrapping/packaging, and sterilization of items such as surgical instruments, trays, and packs. Additional responsibilities may include cleaning mobile patient care equipment such as IV pumps and suction machines. This department does not distribute supplies.
Central Sterile Services without Distribution Mapping Guidelines

If your cost center performs the distribution functions, another option may be the 03070 Central Sterile Services (CSSD) department. If your cost center performs all of the defined functions for only Surgical Services (main O.R. and or Ambulatory Surgery) departments, you may map to this profile, however, be sure to answer the characteristic survey questions carefully.

Central Sterile Services without Distribution Workload Volumes

Ambulatory Surgery Cases

The total ambulatory or outpatient surgery cases supported by the department during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Total Cases Supported.

Areas Supported

The total number of sites the department supported and served during the reporting period. Include all separate locations such as an ambulatory operating room, an inpatient operating room, labor and delivery, an emergency department, as well as special procedural areas, clinics and or radiological areas.

Case Carts Assembled

The total separate case carts assembled for areas including but not limited to operating rooms, labor and delivery. If the department does not use the case cart system, the total cases supported by department staff may be reported.

Days of Operation per Week

The average number of days per week that the department is open for routine business.

The max number reported here is 7.

Durable Medical Equipment Processed

Enter the total number of pieces of durable medical (re-useable) equipment cleaned (not sterilized) by the department during the reporting period. Example: wheelchairs.

This is a component of Total Pieces of Equipment Processed.
Ethylene Oxide (ETO) Sterilizer Loads

Number of Ethylene Oxide (ETO) sterilizer loads. Ethylene Oxide (ETO) gas uses relatively low temperatures for sterilization. However, a lengthy aeration time must follow each cycle.

This is a subset of Loads Sterilized.

Flexible Endoscopes Processed

The total number of flexible endoscopes processed by the department for the reporting period. A flexible endoscope is a lighted optical instrument used to get a deep look inside the body for the purpose of examining an organ. This may include but is not limited to the examination of the throat or esophagus. Do not include endoscopes processed by another department (e.g. GI Endoscopy department).

This is a component of Items Processed.

Gas Plasma Sterilizer Loads

Total gas plasma (hydrogen peroxide, ozone, etc) sterilization loads. A method for plasma sterilization includes exposing an item to be sterilized to plasma generated from a gas mixture. The exposure of the item to the plasma is carried out at a pressure of 0.1 to 10 torr and a chamber temperature of less than 63° C. for a time period sufficient to sterilize items.

This is a subset of Loads Sterilized.

GI Endoscopy Cases

The total GI Endoscopy Cases supported by the department during the reporting period. Endoscopy is the examination of a body cavity by means of an endoscope, a tube like instrument with lenses and a light source attached. Include cases performed in the operating room and cases performed in a separate Endoscopy suite if supported by this department staff.

This is a component of Total Cases Supported.

Hours of Operation per Week

The average number of hours the department is open for operation during the week.

The maximum number that can be reported is 168.

Interventional Radiology Cases

The total Interventional Radiology Cases supported by the department during the reporting period. Interventional Radiology cases are minimally invasive, targeted treatments performed using imaging for guidance. These cases have less risk, less pain and less recovery time compared to open surgery. Interventional radiology includes both vascular intervention and non-vascular intervention.
This is a component of Total Cases Supported.

**Invasive Cardiology Cases**

The total Invasive Cardiology cases supported by the department during the reporting period. Invasive Cardiology cases are typically performed in the operating room, Cath Lab and or EP Lab department.

This is a component of Total Cases Supported.

**Items Processed**

The total number of items processed by the department during the reporting period. Items refers to the total individually wrapped units decontaminated, high level disinfected, and sterilized by department staff including trays, sets, and individual instruments along with mobile patient care equipment. A unit (wrap, set, tray) is based on an item recipe or order from the customer of the department. A customer can be surgery, labor and delivery, or other clinical area that requires the "unit" based on professional determination from that department. This unit can be one instrument. When more than one instrument is in a tray, set, or wrap, the unit is one that includes several instruments or items as designated by the recipe. Do not count a unit one time after decontamination and a second time after disinfection or sterilization.

Refer to the CSSD Processing Intensity Score Worksheet for assistance in reporting this element.

**Items Sterilized**

These items are sterilized, not just decontaminated or disinfected.

This is a component of Items Processed.

**Labor and Delivery Packs Prepared**

The total number of labor and delivery packs (disposable and non-disposable items) prepared for labor and delivery.

**Loads Decontaminated**

The total complete decontamination loads performed by department decontamination equipment. Decontaminated loads are essentially washed loads, ready for further disinfection or sterilization. A cycle is one decontamination load of equipment regardless of the type and size of the machine or the amount of materials.

**Loads Disinfected (High Level)**

The total number of loads disinfected may include but not limited to pasteurization or other high level disinfectants.
Loads Sterilized

The total sterilizing loads performed by the department through any type of sterilization process or equipment. Sterilization includes but is not limited to Steam, Ethylene Oxide Gas, Gas Plasma, Ozone Gas or Hydrogen Peroxide. Do not include loads that are high level disinfected (i.e., using Pasteurization or Gluteraldehyde technology). A cycle is one sterilization load of the equipment regardless of the type and size of the machine or the amount of materials. Exclude loads for equipment testing repair services.

Neonate Deliveries

Total neonate deliveries (including stillbirths) supported by the department during the reporting period. Include multiple births as number of neonates delivered, (e.g., twins count as two).

This is a component of Total Cases Supported.

Neonate Equipment Processed

Total number of neonatal intensive care equipment that was disassembled, cleaned and then reassembled by the department during the reporting period.

This is a component of Total Pieces of Equipment Processed.

Neuro Instrument Sets Processed

Total number of kits completed for neuro surgeries on the back or head. These kits may contain instruments and implants that are sterilized, restocked, assembled, and packaged.

This is a component of Total Pieces of Equipment Processed.

Operating Room Case Carts Assembled

The total number of case carts prepared for use in the operating room.

This is a component of Case Carts Assembled.

Orthopedic Instrument Sets Processed

Total number of kits completed for orthopedic surgeries. These kits may contain plates, screws, and other instruments that are sterilized, restocked, assembled, and packaged.

This is a component of Total Pieces of Equipment Processed.

Processing Complexity Level 1

This value represents the time (in hours) spent performing processing activities for trays or items which typically take 15 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G3) for assistance in reporting this element.
Processing Complexity Level 2
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 30 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G5) for assistance in reporting this element.

Processing Complexity Level 3
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 40 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G7) for assistance in reporting this element.

Processing Complexity Level 4
This value represents the time (in hours) spent performing processing activities for trays or items which typically take 75 minutes to perform. Refer to the CSSD Processing Complexity Worksheet (cell G9) for assistance in reporting this element.

Specialty Case Carts Assembled
The total number of carts prepared with custom or specialty supplies.

This is a component of Case Carts Assembled.

Spine Instrument Sets Processed
Total number of kits completed for spine surgeries (i.e. fusions). These kits may contain instruments and implants that are sterilized, restocked, assembled and packaged.

This is a component of Total Pieces of Equipment Processed.

Steam Sterilizer Loads
Total steam sterilizer loads. This process sterilizes items by using steam under pressure. An autoclave allows steam to flow around each article placed in the chamber. The vapor penetrates the articles being sterilized. Autoclaving is one of the most effective methods for destruction of all types of microorganisms. The amount of processing time and degree of temperature necessary for sterilization depend on the articles to be sterilized.

This is a subset of Loads Sterilized.

Sterile Processing Sites
Total number of geographic sterile processing sites managed. Includes, but is not limited to, the main sterile processing site and secondary sites maintained in ambulatory surgery, the OR core, core extension, ASC core.
Sterile Storage Inventory
This includes all sterile processing commodities in stock and ready for use after sterilization. This includes instrument sets, individual instruments, and linen packs as well as disposable supplies and mobile patient equipment. Mobile patient equipment includes items such as IV pumps and suction machines. Disposable supplies include items such as bedpans, towel packs, needles, suture sets, and suction containers. This number should be a physical count.

Total Cases Supported
The total number of cases supported by this department during the reporting period. This includes cases for all ancillary areas supported by the department including, but not limited to: the operating room, ambulatory surgery, cath lab, EP Lab, interventional radiology, GI Endoscopy Lab, Labor and delivery, and the Emergency Room.

Total Joint Instrument Sets Processed
Total number of kits (sets, pans) completed for total joint surgeries. These kits may contain instruments and implants that are sterilized, restocked, assembled, and packaged.

This is a component of Total Pieces of Equipment Processed.

Total Pieces of Equipment Processed
Total pieces of equipment processed by the department during the reporting period. Refer to the CSSD Processing Complexity Worksheet (cell C11) for assistance in reporting this element.

Central Sterile Services without Distribution Department Hours Elements

Paid Hours: Contract Labor
Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff
Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Central Sterile Technician
Total hours worked by Central Sterile Technicians.

This is a subset of Worked Hours: Staff.
Worked Hours: Management
Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff
Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime
Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Staff
Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Central Sterile Services without Distribution Operational Metrics

Percent of Disposable Supplies Utilized
Indicate the percentage of disposable supplies used in lieu of reusable sterile processing supplies. The value should be represented as whole numbers, i.e. 50% is entered as 50.

Central Sterile Services without Distribution Expense Elements

Equipment Repair And Maintenance Expense
Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.
**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non exempt employees paid at a premium rate. Include expense for incidental overtime and call back time; exclude expense for on call time.

This is a subset of Labor Expense.

**Central Sterile Services without Distribution Mandatory Elements**

The following data elements are mandatory for this department:

- Areas Supported
• Days of Operation per Week
• Hours of Operation per Week
• Items Processed
• Labor Expense
• Loads Sterilized
• Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Staff
• Total Cases Supported
• Worked Hours: Staff

Central Sterile Services without Distribution Normalizations

Include the hours and costs associated with the following function:

• Instrument Decontamination, Pack Assembly, Terminal Sterilization
• Personnel performing the functions of the department's day to day managerial operations (Surgical)
• Staff that maintain/repair flash sterilizers (e.g. testing, cleaning) or any sterilization equipment (e.g. disinfectors, washers).
• Sterile Processing (depending upon the type of department)

Exclude the hours and costs associated with the following function:

• Cleaning and processing of scopes or instruments used by the Endoscopy-GI Lab department
• Infection Control (e.g. functions specific to the collection, analysis, and interpretation of health data in order to track infection trends, plan appropriate interventions, measure outcomes, and report relevant data both internally and externally).
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)
• Repair and Maintenance of Clinical Equipment/Rooms
• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)

• Employee training programs (e.g. formal classroom training, lectures, textbooks, didactic training)

• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

**03099, Surgical Services Administration**

This department performs the overall administrative and general support tasks for the entire Surgical Services series. These tasks and functions include but are not limited to: administrative and clerical support for the entire series results, library and surgical information systems specific to Surgical Services and the associated management of these support activities. It does not include administrative and support staff for Endoscopy G.I. Lab.

**Surgical Services Administration Mapping Guidelines**

If your cost center performs procedures or other direct patient care, another option might be G3000, Other Surgical Services department.

**Surgical Services Administration Workload Volumes**

**Operating Room Capacity**

The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.

**Operating Room Minutes Supported**

The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves that is supported by this department during the reporting period. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.
Staff Ready Operating Rooms Supported

The total number of separate operating rooms designed and equipped for surgical operations which have staff available (in house). Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies. Do not include rooms that are not ready for surgical use.

This is a subset of Operating Room Capacity.

Surgical Services Division Employees

Average individuals employed by the surgical services division.

Total Cases Supported

Total of all cases supported by department staff during the reporting period including the Operating Room(s), Surgery Pre Op, Post Anesthesia Care Unit, Post Recovery, Ambulatory Surgery, and Anesthesia departments.

Surgical Services Administration Department Hour Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time-off hours. Exclude on-call or standby time.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: Staff

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

Surgical Services Administration Expense Elements

Labor Expense

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a component of Labor Expense.

**Surgical Services Administration Mandatory Elements**

The following data elements are mandatory for this department:

- Labor Expense
- Medical Supply Expense
- Operating Room Capacity
- Other Direct Operating Expense
- Paid Hours: Contract Labor
- Paid Hours: Staff
- Total Cases Supported
- Worked Hours: Staff

**Surgical Services Administration Normalizations**

Include the hours, costs and volumes (where applicable) associated with the

- Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)
- Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)
• Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, residency program. (Surgical Services)

• Surgical Clinical Reviewer (SCR) for the National Surgical Quality Improvement Program (NSQIP)

Exclude the hours costs and volumes (where applicable) associated with the

• Administrative support and clerical staff supporting the departments within the series, e.g., inventory management, charge capture documentation verification, office coordination, outreach service to attract new business, residency program(Endoscopy)

• Ambulatory Surgery Registrations-for hospital based Ambulatory Surgery departments

• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)

• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)

• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Endoscopy)

• Personnel performing the functions of the department’s day to day managerial operations (Surgical)

• Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

• Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

F3000, Surgical Services Functional Rollup Department

This department includes all surgery administration, operating room functions, PACU, central sterile supply, hospital based and freestanding ambulatory surgery, perfusion services, and anesthesia functions regardless of reporting relationship.
Surgical Services Functional Rollup Workload Volumes

**Ambulatory Surgery Cases**

The total ambulatory or outpatient surgery cases performed in the operating room during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Operating Room Cases.

**Bariatric Cases**

The total bariatric surgery cases performed in the operating room during the reporting period. Bariatric surgery is defined as a surgical bariatric intervention for individuals who have a body mass index (BMI) of greater than 40 kg/m² or have a BMI greater than 35 kg/m² with significant comorbidities.

This is a component of Operating Room Cases.

**Bone Marrow Transplant Cases**

The total Bone Marrow Transplant cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

**GI Endoscopy Cases**

The total GI Endoscopy Cases performed in this department during the reporting period. Endoscopy is the examination of a body cavity by means of an endoscope, a tube like instrument with lenses and a light source attached. Do not include cases performed by another department or in a separate Endoscopy suite reported in ActionOI under the 04630, Endoscopy department.

This is a component of Operating Room Cases.

**Heart Cases**

The total heart cases performed in the operating room during the reporting period. This would include procedures such as ventricular assisted device (VAD), total artificial heart (TAH) and transcatheter aortic valve replacement (TAVR). Do not include heart transplant cases as these cases are reported under Solid Organ Transplant Cases. Do not include heart cases performed by another department (i.e. Cath Lab, Invasive Cardiology) or in a separate cardiology suite.

This is a component of Operating Room Cases.
Hip Replacement Cases

The total hip replacement cases (excluding endoprosthesis due to hip fracture) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.

Items Processed

The total number of items processed by the department during the reporting period. Items refers to the total individually wrapped units decontaminated, high level disinfected, and sterilized by department staff including trays, sets, and individual instruments along with mobile patient care equipment. A unit (wrap, set, tray) is based on an item recipe or order from the customer of the department. A customer can be surgery, labor and delivery, or other clinical area that requires the "unit" based on professional determination from that department. This unit can be one instrument. When more than one instrument is in a tray, set, or wrap, the unit is one that includes several instruments or items as designated by the recipe. Do not count a unit one time after decontamination and a second time after disinfection or sterilization.

Refer to the CSSD Processing Intensity Score Worksheet for assistance in reporting this element.

Knee Replacement Cases

The total knee replacement cases (including uni or partial knee) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.

Major Joint Cases

The total major joint cases performed in the operating room during the reporting period. Major Joint cases may include, but are not limited to: knees, hips, shoulders, elbows and ankles.

This is a subset of Orthopedic Cases.

Neuro and Ortho Spine Cases

The total Neuro Ortho Spine cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

Neurosurgery Cases

The total neurosurgery cases performed in the operating room during the reporting period. Neurosurgery is the surgical treatment of disorders of the nervous system. Do not include Neuro Ortho Spine Cases in this category.
This is a component of Operating Room Cases.

**Operating Room Capacity**

The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.

**Operating Room Cases**

The total cases performed by department staff during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. The value reported for cases should correspond with the value reported for Operating Room Minutes. Do not include incomplete cases if you are not able to accurately report the corresponding minutes for these cases.

Total of components may be greater than case total.

**Operating Room Emergency Cases**

The total emergency cases performed in the operating room during the reporting period. "Emergency" typically refers to an immediate threat and must be performed at the earliest opportunity to minimize risk to life, limb, and or sight. Do not include urgent cases (must be started within 3 hours) as they should be counted in Operating Room Urgent Cases.

This is a component of Operating Room Cases.

**Operating Room Minutes**

The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.

**Operating Room Pediatric Cases**

The total number of pediatric cases performed by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Operating Room Cases.
Operating Room Pediatric Minutes

The total elapsed time in minutes from the time a pediatric patient enters the operating room until the time the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of Operating Room Minutes.

Operating Room Perfusion Minutes

The total elapsed time in minutes a surgery patient receives perfusion treatment in the operating room during the reporting period. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

Operating Room Robotic Minutes

The total elapsed time in minutes from the time a robotic surgery patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

Operating Room Trauma Cases

The total emergency cases identified as trauma performed in the operating room during the reporting period. "Trauma" typically refers to a serious or critical bodily injury, wound, or shock. Your facility is not required to be a designated trauma center to report this element.

This is a component of Operating Room Emergency Cases.

Operating Room Urgent Cases

The total urgent cases performed in the operating room during the reporting period. "Urgent" typically refers to a case that must be started within 3 hours to minimize risk to life, limb and or sight. Do not include emergency cases (must be started at the earliest opportunity or immediately) as they should be counted in Operating Room Emergency Cases.

This is a component of Operating Room Cases.

Ophthalmology Cases

The total number of ophthalmology cases performed by the department during the reporting period. Ophthalmology cases includes but is not limited to laser eye surgery, cataract surgery, glaucoma surgery, refractive surgery and corneal surgery.

This is a component of Operating Room Cases.
Orthopedic Cases

The total orthopedic cases performed in the operating room during the reporting period. Orthopedics is the branch of surgery concerned with disorders of bones and joints and the muscles, tendons, and ligaments associated with them. Do not report Neuro Ortho Spine cases in this category.

This is a component of Operating Room Cases.

Recovery Room Cases

The total number of PACU cases. This may include surgical patients, patients referred from labor and delivery, radiology, the GI lab, and the cath lab, and patients receiving blood transfusions or nerve blocks. Include patients seen through discrete visits, such as ambulatory, inpatient, or outpatient surgery.

PACU Minutes

The total amount of PACU minutes (includes Phase I, Phase II and pre operative holding case minutes) measured by when the patient enters the department to when the patient leaves the department. Do not include the time spent by Boarder Patients.

Patient Observation Minutes

The total minutes patients are under the care of department staff including both pre and post recovery.

Robotic Surgical Cases

The total number of robotic cases performed by the department during the reporting period.

This is a component of Operating Room Cases.

Solid Organ Transplant Cases

The total solid organ transplant cases (including heart transplant procedures) performed in the operating room during the reporting period. Do not include cases involving only organ retrieval procedures. Bone Marrow Transplant cases are not to be included in this element and should be reported separately under the element Bone Marrow Transplant Cases.

This is a component of Operating Room Cases.

TAVR Surgical Cases

The total number of transcatheter aortic valve replacement (TAVR) surgical cases performed during the reporting period.

This is a component of Heart Cases.
VAD/TAH Surgical Cases

The total number of ventricular assisted device (VAD) and total artificial heart (TAH) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Surgical Services Functional Rollup Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.

Worked Hours: Anesthesia Technician

Total hours worked by anesthesia technicians.

This is a subset of Worked Hours: Staff.

Worked Hours: Central Sterile Technician

Total hours worked by Central Sterile Technicians.

This is a subset of Worked Hours: Staff.
Worked Hours: CRNA, PA, AA

Total hours worked by certified registered nurse anesthetists, registered nurse first assistants and physician assistants.

This is a subset of Worked Hours: Staff.

Worked Hours: LPN, LVN

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

Worked Hours: Management

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Patient Care Provider

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

Worked Hours: Other Support Staff

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.

Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.
**Worked Hours: Perfusionist**

Total hours worked by perfusionist staff on the payroll.

This is a subset of Worked Hours: Staff.

**Worked Hours: Physician Provider**

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

**Worked Hours: Preadmission Testing Staff**

Total hours worked by technologist, technician, and medical assistant staff dedicated to preadmission testing activities.

This is a subset of Worked Hours: Staff.

**Worked Hours: RN**

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

**Worked Hours: RNFA, SA**

Total hours worked by registered nurse first assistants and surgical assistants.

This is a subset of Worked Hours: Staff.

**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.
This is a subset of Worked Hours: Staff.

**Surgical Services Functional Rollup Expense Elements**

**Anesthesia Supply Expense**
Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery, or other areas.

This is a subset of Medical Supply Expense.

**Endomechanical Supply Expense**
Total expense for disposable instrumentation/suture for endoscopic procedures, endomechanical staples, etc.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**
Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Implants Expense**
Total surgical supply expense for replacement, substitutes, or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh and pins. Exclude organ acquisition expenses.

This is a subset of Medical Supply Expense.

**Labor Expense**
Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.

**Labor Expense: Perfusionist**
Total expense for perfusionists on the department's payroll.

This is a subset of Labor Expense.
Labor Expense: Physician Provider

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

Major Joint Implant Expense

Total surgical supply expense for major joint implants (replacement, substitutes, or aids to body parts) including, but not limited to the knee, hip, shoulder, elbow and or ankle.

This is a subset of Implant Expense.

Medical Supply Expense

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

Non Medical Supply Expense

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

Operating Lease Expense

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.

This is a subset of Other Direct Operating Expense.
**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by surgical services staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Perfusion Contract Expense**

Total expense for contract perfusionists.

This is a subset of Other Direct Operating Expense.

**Perfusion Supply Expense**

Total expense for medical supplies used for activities related to the perfusion procedure.

This is a subset of Medical Supply Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Robotic Supply Expense**

Total surgical supply expense for robotic supplies.

This is a subset of Medical Supply Expense.
Spine Implant Expense
Total surgical supply expense for spine implants (replacements, substitutes, or aids to body parts). Including but not limited to screws, plates, wires, mesh and pins.

This is a subset of Implant Expense.

Suture Supply Expense
Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

TAVR Implant Expense
Total surgical supply expense for transcatheter aortic valve (TAVR) implants.

This is a subset of Implant Expense.

VAD/TAH Implant Expense
Total surgical supply expense for ventricular assisted devices (VAD) and total artificial heart (TAH) implants.

This is a subset of Implant Expense.

Surgical Services Functional Rollup Mandatory Elements
The following data elements are mandatory for this department:

- Items Processed
- Labor Expense
- Labor Expense: Physician Provider
- Operating Room Capacity
- Operating Room Cases
- Operating Room Minutes
- Operating Room Pediatric Minutes
- Other Direct Operating Expense
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

G3000, Other Surgical Services

If you have a cost center in this series that does not appropriately map to any of the individual departments, map to this department.

Other Surgical Services Workload Volumes

Ambulatory Surgery Cases
The total ambulatory or outpatient surgery cases performed in the operating room during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. "Ambulatory" or "Outpatient" typically refers to patients who are not expected to stay greater than 24 hours (i.e. not admitted as inpatient). An ambulatory or outpatient case counted and reported in this element may also qualify to be counted in another subset element.

This is a component of Operating Room Cases.

Bariatric Cases
The total bariatric surgery cases performed in the operating room during the reporting period. Bariatric surgery is defined as a surgical bariatric intervention for individuals who have a body mass index (BMI) of greater than 40 kg/m2 or have a BMI greater than 35 kg/m2 with significant comorbidities.

This is a component of Operating Room Cases.

Bone Marrow Transplant Cases
The total Bone Marrow Transplant cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.
GI Endoscopy Cases

The total GI Endoscopy Cases performed in this department during the reporting period. Endoscopy is the examination of a body cavity by means of an endoscope, a tube like instrument with lenses and a light source attached. Do not include cases performed by another department or in a separate Endoscopy suite reported in ActionOI under the 04630, Endoscopy department.

This is a component of Operating Room Cases.

Heart Cases

The total heart cases performed in the operating room during the reporting period. This would include procedures such as ventricular assisted device (VAD), total artificial heart (TAH) and transcatheter aortic valve replacement (TAVR). Do not include heart transplant cases as these cases are reported under Solid Organ Transplant Cases. Do not include heart cases performed by another department (i.e. Cath Lab, Invasive Cardiology) or in a separate cardiology suite.

This is a component of Operating Room Cases.

Hip Replacement Cases

The total hip replacement cases (excluding endoprothesis due to hip fracture) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.

Items Processed

The total number of items processed by the department during the reporting period. Items refers to the total individually wrapped units decontaminated, high level disinfected, and sterilized by department staff including trays, sets, and individual instruments along with mobile patient care equipment. A unit (wrap, set, tray) is based on an item recipe or order from the customer of the department. A customer can be surgery, labor and delivery, or other clinical area that requires the "unit" based on professional determination from that department. This unit can be one instrument. When more than one instrument is in a tray, set, or wrap, the unit is one that includes several instruments or items as designated by the recipe. Do not count a unit one time after decontamination and a second time after disinfection or sterilization.

Refer to the CSSD Processing Intensity Score Worksheet for assistance in reporting this element.

Knee Replacement Cases

The total knee replacement cases (including uni or partial knee) performed in the operating room during the reporting period.

This is a subset of Major Joint Cases.
Major Joint Cases

The total major joint cases performed in the operating room during the reporting period. Major Joint cases may include, but are not limited to: knees, hips, shoulders, elbows and ankles.

This is a subset of Orthopedic Cases.

Neuro and Ortho Spine Cases

The total Neuro Ortho Spine cases performed in the operating room during the reporting period.

This is a component of Operating Room Cases.

Neurosurgery Cases

The total neurosurgery cases performed in the operating room during the reporting period. Neurosurgery is the surgical treatment of disorders of the nervous system. Do not include Neuro Ortho Spine Cases in this category.

This is a component of Operating Room Cases.

Operating Room Capacity

The total number of operating rooms designed and equipped for surgical operations, which are licensed by the state. Such rooms may support general surgery or specialized cases, such as open heart, eye surgery or cystoscopies.

Operating Room Cases

The total cases performed by department staff during the reporting period. A case may involve more than one surgical procedure as long as all of the procedures are performed during the same visit to the operating room. The value reported for cases should correspond with the value reported for Operating Room Minutes. Do not include incomplete cases if you are not able to accurately report the corresponding minutes for these cases.

Total of components may be greater than case total.

Operating Room Emergency Cases

The total emergency cases performed in the operating room during the reporting period. "Emergency" typically refers to an immediate threat and must be performed at the earliest opportunity to minimize risk to life, limb, and or sight. Do not include urgent cases (must be started within 3 hours) as they should be counted in Operating Room Urgent Cases.

This is a component of Operating Room Cases.
Operating Room Minutes
The total elapsed time in minutes from the time a patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log and should correspond with the value reported for Operating Room Cases.

Operating Room Pediatric Cases
The total number of pediatric cases performed by the department during the reporting period. A pediatric case is one that is performed on a patient younger than 18 years of age.

This is a component of Operating Room Cases.

Operating Room Pediatric Minutes
The total elapsed time in minutes from the time a pediatric patient enters the operating room until the time the patient leaves. A pediatric patient is one that is younger than 18 years of age.

This is a component of Operating Room Minutes.

Operating Room Perfusion Minutes
The total elapsed time in minutes a surgery patient receives perfusion treatment in the operating room during the reporting period. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

Operating Room Robotic Minutes
The total elapsed time in minutes from the time a robotic surgery patient enters the operating room until the time the patient leaves. This time is routinely recorded in the operating room log.

This is a component of Operating Room Minutes.

Operating Room Trauma Cases
The total emergency cases identified as trauma performed in the operating room during the reporting period. “Trauma” typically refers to a serious or critical bodily injury, wound, or shock. Your facility is not required to be a designated trauma center to report this element.

This is a component of Operating Room Emergency Cases.
Operating Room Urgent Cases
The total urgent cases performed in the operating room during the reporting period. "Urgent" typically refers to a case that must be started within 3 hours to minimize risk to life, limb and or sight. Do not include emergency cases (must be started at the earliest opportunity or immediately) as they should be counted in Operating Room Emergency Cases.

This is a component of Operating Room Cases.

Ophthalmology Cases
The total number of ophthalmology cases performed by the department during the reporting period. Ophthalmology cases includes but is not limited to laser eye surgery, cataract surgery, glaucoma surgery, refractive surgery and corneal surgery.

This is a component of Operating Room Cases.

Orthopedic Cases
The total orthopedic cases performed in the operating room during the reporting period. Orthopedics is the branch of surgery concerned with disorders of bones and joints and the muscles, tendons, and ligaments associated with them. Do not report Neuro Ortho Spine cases in this category.

This is a component of Operating Room Cases.

Recovery Room Cases
The total number of PACU cases. This may include surgical patients, patients referred from labor and delivery, radiology, the GI lab, and the cath lab, and patients receiving blood transfusions or nerve blocks. Include patients seen through discrete visits, such as ambulatory, inpatient, or outpatient surgery.

PACU Minutes
The total amount of PACU minutes (includes Phase I, Phase II and pre operative holding case minutes) measured by when the patient enters the department to when the patient leaves the department. Do not include the time spent by Boarder Patients.

Patient Observation Minutes
The total minutes patients are under the care of department staff including both pre and post recovery.

Robotic Surgical Cases
The total number of robotic cases performed by the department during the reporting period.

This is a component of Operating Room Cases.
Solid Organ Transplant Cases

The total solid organ transplant cases (including heart transplant procedures) performed in the operating room during the reporting period. Do not include cases involving only organ retrieval procedures. Bone Marrow Transplant cases are not to be included in this element and should be reported separately under the element Bone Marrow Transplant Cases.

This is a component of Operating Room Cases.

TAVR Surgical Cases

The total number of transcatheter aortic valve replacement (TAVR) surgical cases performed during the reporting period.

This is a component of Heart Cases.

VAD/TAH Surgical Cases

The total number of ventricular assisted device (VAD) and total artificial heart (TAH) surgical cases performed during the reporting period.

This is a component of Heart Cases.

Other Surgical Services Department Hours Elements

Paid Hours: Contract Labor

Total contract and registry staff hours paid by the department. Exclude contract hours for physicians providing clinical services, if applicable. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

Paid Hours: Physician Provider

Total hours paid to physician providers and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, nurse practitioners and CRNAs who work as advanced practitioners, other advanced practitioners or professionals and physicians in training. Include only physicians providers, advanced practitioners and physicians in training on the facility payroll who spend 80% their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. This is a mandatory field. You must enter a value of zero (0) or greater for report processing.

This is a subset of Paid Hours: Staff.

Paid Hours: Staff

Total hours paid. Include regular, premium, and paid time off hours. Exclude on call or standby time.
**Worked Hours: Anesthesia Technician**

Total hours worked by anesthesia technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: Central Sterile Technician**

Total hours worked by Central Sterile Technicians.

This is a subset of Worked Hours: Staff.

**Worked Hours: LPN, LVN**

Hours worked by licensed practical nurse, licensed vocational nurses providing patient care services in the department.

This is a subset of Worked Hours: Staff.

**Worked Hours: Management**

Total hours worked by management and supervisory staff with responsibility for operations and departmental budgets (i.e. Senior Executives, Directors, Managers, and Supervisors). Include regular hours and actual premium and overtime hours worked. Exclude on call or stand by hours.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Patient Care Provider**

Total hours worked by other patient care providers (e.g. LPN/LVN, nursing assistant, nursing technician, etc.) who provide basic care under the direct supervision of patient care personnel.

This is a subset of Worked Hours: Staff.

**Worked Hours: Other Support Staff**

Total hours worked by personnel not included in other skill mix categories. This includes clerical and administrative support staff.

This is a subset of Worked Hours: Staff.
Worked Hours: Overtime

Represents the sum of non physician worked hours that are paid on an overtime basis (hours worked over the employee's normal work schedule). Hours worked on an overtime basis while attending training or seminars would be included. Exclude premium hours (i.e., work 36 hours but get paid for 40 hours) or premiums for holiday pay or other shifts. The value should match what is reported to the U.S. Department of Labor under the Fair Labor Standards Act (FLSA) Section 3(s)(1)(B).

This is a subset of Worked Hours: Staff.

Worked Hours: Perfusionist

Total hours worked by perfusionist staff on the payroll.

This is a subset of Worked Hours: Staff.

Worked Hours: Physician Provider

Represents hours worked by physicians and other advanced practitioners on the payroll who provide clinical services. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advanced practitioners, and other advanced practitioners. Include only physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medication, ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line.

This is a subset of Worked Hours: Staff.

Worked Hours: Preadmission Testing Staff

Total hours worked by technologist, technician, and medical assistant staff dedicated to preadmission testing activities.

This is a subset of Worked Hours: Staff.

Worked Hours: RN

Total hours worked by RN (Registered Nurse) including but not limited to time spent providing patient care services.

This is a subset of Worked Hours: Staff.

Worked Hours: RNFA, SA

Total hours worked by registered nurse first assistants and surgical assistants.

This is a subset of Worked Hours: Staff.
**Worked Hours: Staff**

Total hours worked, include regular and overtime hours. Exclude on call stand by hours.

**Worked Hours: Surgical Technician**

Total hours worked by certified and non-certified Surgical Technicians.

This is a subset of Worked Hours: Staff.

**Other Surgical Services Expense Elements**

**Anesthesia Supply Expense**

Total anesthesia, pharmaceuticals, and anesthesia supplies expense used in surgery, labor and delivery, or other areas.

This is a subset of Medical Supply Expense.

**Endomechanical Supply Expense**

Total expense for disposable instrumentation/suture for endoscopic procedures, endomechanical staples, etc.

This is a subset of Medical Supply Expense.

**Equipment Repair And Maintenance Expense**

Total expense to repair and maintain major equipment charged to this department. Include fee-for-service labor and parts expense, service contract costs, and other related costs.

This is a subset of Other Direct Operating Expense.

**Implants Expense**

Total surgical supply expense for replacement, substitutes, or aids to body parts. Including but not limited to joint replacements, screws, plates, wires, mesh and pins. Exclude organ acquisition expenses.

This is a subset of Medical Supply Expense.

**Labor Expense**

Total expense for labor resources that corresponds to Paid Hours: Staff and Paid Hours: Contract Labor. Include on call or standby expense. Exclude benefits such as FICA.
**Labor Expense: Perfusionist**

Total expense for perfusionists on the department's payroll.

This is a subset of Labor Expense.

**Labor Expense: Physician Provider**

Total payroll expense corresponding to hours paid paid for physicians and advanced practitioners. Include licensed physicians, interns, residents, nurse practitioners and CRNAs who work as advance practitioners and other advanced practitioners. Include physicians and advanced practitioners on the facility payroll who spend 80% or more of their time in clinical or patient care activities such as but not limited to: ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications and ordering and interpreting tests. Also include medical directors that provide clinical expertise and guidance for a unit or service line. Do not include physicians who are paid on a contractual basis for providing professional services. Contract expense for physician and advance practitioners should be reported in the physician provider professional fee expense element. This is a mandatory data element. If you have reported physician provider hours on this department, you must report the corresponding labor expense here, otherwise enter zero (0).

This is a subset of Labor Expense.

**Major Joint Implant Expense**

Total surgical supply expense for major joint implants (replacement, substitutes, or aids to body parts) including, but not limited to the knee, hip, shoulder, elbow and or ankle.

This is a subset of Implant Expense.

**Medical Supply Expense**

Total expense for stocked and non-stocked medical supplies. Include all non-capitalized medical and or surgical supplies and pharmaceuticals. Exclude organ acquisition expenses.

This is a subset of Other Direct Operating Expense.

**Non Medical Supply Expense**

Total expense for the department non-medical operating supplies, e.g. office supplies and non-capitalized equipment.

This is a subset of Other Direct Operating Expense.

**Operating Lease Expense**

Total expense for operating leases charged to this department. This includes non-capitalized lease expense for equipment rentals.
This is a subset of Other Direct Operating Expense.

**Other Direct Operating Expense**

Total other direct operating expense that includes professional fees, department supplies, equipment rental fees, operating leases for equipment, dues, travel and small (non-capitalized) equipment. Exclude depreciation, building rent expense, capitalized lease costs and organ acquisition expenses.

**Overtime Salary Expense**

Total expense for overtime hours accrued by department staff. Include expense for all overtime hours for non-exempt employees paid at a premium rate. Include expense for incidental overtime and call-back time; exclude expense for on-call time.

This is a subset of Labor Expense.

**Perfusion Contract Expense**

Total expense for contract perfusionists.

This is a subset of Other Direct Operating Expense.

**Perfusion Supply Expense**

Total expense for medical supplies used for activities related to the perfusion procedure.

This is a subset of Medical Supply Expense.

**Physician Provider Professional Fee Expense**

Total expense for the period for physicians, advanced practitioners and physician groups which provide professional services to the organization. Include licensed physicians, interns, residents, nurse practitioners, CRNAs who work as advanced practitioners, and other advanced practitioners. Include physicians and advanced practitioners who are NOT paid through your payroll system and spend 80% or more of their time in clinical or patient care activities such as but not limited to ADT orders, ordering and performing referrals or consults, prescribing inpatient or outpatient medications, ordering and interpreting tests. This is a mandatory field.

This is a subset of Other Direct Operating Expense.

**Robotic Supply Expense**

Total surgical supply expense for robotic supplies.

This is a subset of Medical Supply Expense.
Spine Implant Expense
Total surgical supply expense for spine implants (replacements, substitutes, or aids to body parts). Including but not limited to screws, plates, wires, mesh and pins.

This is a subset of Implant Expense.

Suture Supply Expense
Total expense for skin staples, sutures, etc.

This is a subset of Medical Supply Expense.

TAVR Implant Expense
Total surgical supply expense for transcatheter aortic valve (TAVR) implants.

This is a subset of Implant Expense.

VAD/TAH Implant Expense
Total surgical supply expense for ventricular assisted devices (VAD) and total artificial heart (TAH) implants.

This is a subset of Implant Expense.

Other Surgical Services Mandatory Elements
The following data elements are mandatory for this department:

- Items Processed
- Labor Expense
- Labor Expense: Physician Provider
- Operating Room Capacity
- Other Direct Operating Expense
- Operating Room Cases
- Operating Room Minutes
- Operating Room Pediatric Minutes
• Paid Hours: Contract Labor
• Paid Hours: Physician Provider
• Paid Hours: Staff
• Physician Provider Professional Fee Expense
• Worked Hours: Physician Provider
• Worked Hours: Staff

Other Surgical Services Normalizations

Include the hours, costs and volumes (where applicable) associated with the

• First Assistants (include RNFAs, Physician Assistants and other non-MDs functioning as First Assistants)
• Personnel performing the functions of the department’s day to day managerial operations (Surgical)
• Surgical Services procedure room cleaning between patients (e.g. pick up trash, disinfect surfaces, replace soiled linens)

Exclude the hours costs and volumes (where applicable) associated with the

• Ambulatory Surgery Registrations-for hospital based Ambulatory Surgery departments
• Anesthesiology Training Program
• Daily or terminal cleaning and wall washing for ancillary patient procedure areas
• Medical records coding (e.g. the use of medical charts and documentation from health care professionals to generate billing codes to be invoiced to patients and insurance companies)
• Medical records transcription (e.g. lines produced internally or outsources; do not include transcription services from Laboratory and Imaging Services Departments)
• Outpatient Registrations for any ancillary services (e.g. cardiology, endoscopy, imaging, infusion, laboratory, pulmonary, radiation, rehabilitation, respiratory, surgical, vascular services)
• Patient billing - the processing of patient claims for reimbursement, submission of claims to payer. This does not include charge capture.
• Personnel performing the functions of administration and managerial operations oversight for the departments within the series (Surgical)
- Procedure assessment, patient preparation and post-procedure recovery for Sleep disorder studies and related procedures

- Repair and Maintenance of Clinical Equipment/Rooms

- Surgical patient scheduling, e.g., scheduling the patients date and time of surgery

- Surgical patient scheduling (e.g. scheduling the patients date and time of surgery)

- Surgical procedure scheduling (e.g. generating preference cards, assigning staff and surgical rooms based on the type of case)

- Purchasing - acquiring or buying, require vendors met their contracted or negotiated prices, tracking and validating goods and services. This normalization is applicable if you utilize the Procurement department (Excludes food and pharmaceuticals)

- Purchasing, Receiving, Warehousing and Inventory Control. This normalization is applicable if you utilize the Combined Procurement, Receiving and Warehousing

- Transport of patients not requiring clinical escort
Chapter 40. Glossary

This glossary defines commonly-used ActionOI terminology.

actual data

Departmental data that mirrors the hospital’s cost center structure.

affiliated health care organization

An institution that is associated with another institution in order to integrate activities, without merging into one organization. For example, VHC, UHC, or multi-hospital systems.

annual data

The sum of four sequential quarters. The quarters can come from two adjacent years. For example, Q1 + Q2 + Q3 + Q4 = annual data.

annual data flex period

For facilities that run reports on an annual data period, Standard Compare Groups use a flexible data period of +4 periods and -3 periods. Keep in mind that the flexible data period has no impact on the use of these compare groups for quarterly reporting.

annualized data

The available quarter multiplied by four, or the sum of available quarters (if less than four) divided by the number of available quarters times four quarters. Example: Q1 * 4 = annualized data.

benchmarking

A quality assurance process in which an organization sets goals and measures its performance compared with the competition for products, services, and practices offered.

better performer

The facilities in the compare group with the best ranking, based on the key performance indicators for the department.
business unit

An organization or organizational subset that is independent with regard to accounting or operational functions. A business unit may include a hospital, ambulatory surgery center, medical school, physician practice, day care center, or corporate entity.

calculated elements

Values that are computed using other values that are available in the system.

case mix index

A case mix is a way of measuring the mix of cases being treated by a particular health care provider. It is intended to reflect the patients' different needs for resources—distributing cases into categories that reflect differences in severity of illness and/or resource consumption. Case mix is generally established by estimating the relative frequency of various types of patients seen by the provider in question during a given time period. It may be measured by factors such as diagnosis, severity of illness, utilization of services, and provider characteristics. The Medicare case mix index (CMI) is based on the Medicare Hospital Inpatient Prospective Payment System for the corresponding federal fiscal year and represents the average DRG (Diagnosis Related Group) relative weight for all Medicare admissions.

CMI (All Patients) and CMI (Medicare Patients) are the total number of patients for each Diagnosis Related Group (DRG), multiplied by the Medicare Prospective Payment System (PPS) relative weight for the DRG, summed for all weighted DRGs and divided by total discharges. That is, CMI is the average DRG weight for all cases (All Patients) or all cases paid under PPS (Medicare Patients). This calculation excludes newborn nursery discharges.

CMI (All Patients) includes all discharged patients even though the Medicare Prospective Payment System excludes some psychiatric and rehabilitation patients. It excludes newborn discharges.

CMI (Medicare Patients) includes all discharged patients covered by the Medicare Prospective Payment System. It excludes patients on Medicare-exempt units.

CATS

Clinical Activity Time Standards. For more information, please refer to the AARC UNIFORM REPORTING MANUAL.

characteristic survey

Define how a department operates, using Yes or No responses to questions about characteristics. The survey's elements are related to the selected department, and are available for data entry. The questions' answers are the basis for creating groups of facilities used for comparison (or compare groups). ActionOI uses compare groups in the analysis phase to evaluate organizational performance compared to other, similar organizations.
characteristics
A facility’s organizational and operational data provided by answering the characteristics survey in ActionOI Data Collection. This data is used to determine what factors influence the numerics.

compare group
A group of selected facilities or a group of facilities that share characteristics. Use compare groups to create reports for benchmarking and to identify opportunities to improve outcomes.

compare group average
The average (or mean) of the values for indicators or elements in the comparison. If you select the Compare Group Average report column concurrently with a characteristic report measure, then the value for the Average column will be the percentage of Yes responses provided in the characteristics survey for the selected comparison.

component
A part or element of a larger whole, therefore if the item is a component of the element it may not add up to the total.

cost
Fixed or variable expenses for a particular department, including labor expenses, other direct operating expenses, and medical supply expenses.

customer
A group of users, and one or more facilities and/or offices under a single ActionOI contract.

data elements
The financial or operational data collected from a facility or affiliated organization (for example, patient days, worked hours, payroll, and other direct operating expenses).

data period
A defined period of accounting time that ActionOI uses to generate reports. Typically, this is either a quarter or a fiscal year.

data points
On worksheets, data points are values from cells. On graphs or charts, data points display as bars, lines, columns, pie slices, or other shapes.
**data set**

A file that contains a set of either expenses and volumes, or payroll hours and dollars.

**data sharing**

A feature that allows customers to share their ActionOI data with other customers. Cooperating customers can use data sharing to network regarding best practices and process-improvement opportunities.

**data sharing agreement**

A reciprocal contractual agreement between health care organizations. This agreement is required to view identifiable data listed by facility name. However, unidentified data can be viewed without a data sharing agreement. Facilities that have reciprocally agreed to share data with your organization will be listed by name in the database as a shared facility.

**data sharing partner**

All facilities owned by a customer that has agreed to share with you their data that has been submitted to ActionOI.

**department**

A functional area of a hospital. A department performs functions and has a staff, as well as related expenses and incomes. Because facilities can be organized in a variety of ways, ActionOI has three types of departments:

- **Facility departments** represent one or more cost centers for your facility.
- **Standard departments** provide a common functional map for all product customers.
- **Department series** are groupings of similar departments that can help you work with ActionOI.

**department element**

Those data elements relevant to a particular department.

**department series**

Groupings of standard departments that help you work with ActionOI. For example, **Inpatient Nursing Services** groups all facility departments which are identified to contain primarily nursing services.

**destination department**

A department where values are moved as part of normalization.
**diagnostic related group (DRG)**

A classification system that groups patients by common characteristics requiring treatment.

**direct costs**

The fixed and variable costs of all resources (goods, services, etc.) consumed in the department. Includes direct medical costs and direct non-medical costs (for example, transportation or child care).

**elements**

Each department has these: the data reported using ActionOI Data Collection. The data includes your organization’s payroll, financial, and statistical information systems, such as: revenue, expense, worked hours, paid hours, overtime hours, and statistics (for example, patient days and procedures from ActionOI).

**ESI (Emergency Severity Index)**

Emergency Severity Index is a five-level emergency department triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (most urgent) to 5 (least urgent) on the basis of acuity and resource needs.

**facility**

A grouping of any number of departments all managed within the construct of one physical or logical business entity in a health care organization (for example, a hospital, general clinic, or skilled nursing facility). Medical and non-medical facilities are included.

**facility department**

The department you define to represent one or more cost centers for a particular functional area of your facility. These facility departments map to a single ActionOI standard department. For example, you could map your **West Burn ICU** and **East Burn Special Care** to a facility department that you name **Burn Care Units**. Then, you map **Burn Care Units** to the standard department **Burn Care Inpatient Unit**.

**facility entity**

A facility entity represents one patient care organization (e.g. hospital, long term care facility, skill nursing facility, etc) that is a stand-alone facility and does not report consolidated financial statements for multiple facilities within ActionOI.

**first assistant**

A First Assistant (if an RN goes through additional extensive education and training to deliver surgical care) directly assists the surgeon by controlling bleeding, using instruments/medical devices, handling and cutting tissue, and suturing during the procedure. The First Assistant may be involved with patient care before and after surgery.
flagship
A keystone hospital that provides shared services (e.g. Human Resources, Information Technology, Biomedical Engineering, etc) to other entities. The hospital has been identified in ActionOI as a Facility Entity and is not reporting consolidated financial statements.

gap %
The variance percentage of your facility's value from the specific opportunity percentile value. If the gap percentage is small, the facility is performing close to the selected opportunity percentile. If the percentage is high, the facility needs to make considerable improvements to meet the desired opportunity percentile.

geriatrics
The branch of medicine that focuses on health promotion and the prevention and treatment of disease and disability in people aged 65 and older.

health care organization
An organization or a facility that provides health care services (for example, ambulatory care centers, behavioral health institutions, home care organizations, hospitals, laboratories, and long-term care organizations). Synonym: health care institution.

health care system
A network of two or more facilities that operate under the same management and administration. The structure of health care systems varies, including nationwide and local networks.

highest characteristic match
Those facilities that answered the characteristics survey most like the host facility.

hospital
A medical facility whose primary function is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and non-surgical. In addition, most hospitals provide some outpatient services, particularly emergency care. Hospitals can be classified by length of stay (short-term or long-term), as teaching or non-teaching, by major types of services (psychiatric, tuberculosis, general, and other specialties, such as maternity, pediatric, or ear, nose, and throat), and by type of ownership or control (federal, state, or local government; for-profit and non-profit).
**hospital sitters**

Individuals who sit with people who are hospitalized in situations where the patients are determined to be at risk to themselves or their treatment because they are agitated, delirious, or confused, unsteady on their feet, or on suicide watch. Hospital sitters (also called "patient observers") work under the direct supervision of nursing staff and call for assistance if problems arise (e.g., the patient attempts to remove an IV line or get out of bed) or medical assistance is required.

**host**

The name of the hospital or health care organization whose operational practices are being compared with other similar organizations.

**host average**

An aggregate value for a facility, based on the non-null data points for a specified number of time periods defined for a report.

**host percent rank**

A percentage representing your facility's percentile position in comparison to the selected compare group.

**host value**

Your facility's value for the selected time period and numeric or characteristic.

**import**

Transfer of data to ActionOI from another application such as Microsoft Excel.

**indicators**

Quantitative measures used to measure the performance of outcomes of one or more departments. Indicators are calculated using data elements. For example, the direct cost data element is used to calculate the direct cost per adjusted discharge indicator.

**indirect cost**

A cost that cannot be directly attributed to a particular department, but that is borne as part of an overall operation. For example, payroll expenses of senior management, utilities, and general legal expenses are indirect costs.

**infection control**

Infection Control is the protection of patients and health care workers by the prevention of infection in the health care setting in a cost-efficient manner.
inpatient
A patient who has been admitted at least one night to a hospital or other health facility such as a nursing home, rehabilitation, or a mental hospital.

legend
A box that shows identifying names and symbols for each data series (for example, a data series found in a graph or chart).

level of care
The degree of complexity of medical services provided by a health facility or required by a patient or case.

major teaching hospital
To qualify as a major teaching hospital, one of the following criteria must be met:

- 400 or more acute-care beds in service
- an intern/resident-per-bed ratio of at least 0.25, and
- either sponsorship of at least 10 Graduate Medical Education (GME) programs or involvement in at least 20 programs overall
  OR
- Involvement in at least 30 GME programs overall (regardless of bed size or intern-/resident-per-bed ratio)
  OR
- Intern/resident-per-bed ratio of at least 0.60 (regardless of bed size or GME program involvement)

managed care
Managed Health Care is a system of health care delivery that aims to control costs by assigning set fees for services, monitoring the need for procedures such as tests and surgical operations, and stressing preventive care. Managed health-care systems include health maintenance organizations, preferred provider organizations (PPOs), networks of doctors and hospitals that adhere to given guidelines and fees in return for receiving a certain number of patients; and point of service (POS) plans, which are similar to PPOs but allow patients to go outside the network for treatment, usually at a higher cost. The term is also used to describe more traditional health-insurance plans that require that more expensive procedures be reviewed and approved by a plan official before they are performed. In managed care, the doctor is often paid a set fee or is paid a set amount monthly for each patient, a scheme called capitation.

maximum
The largest value in a comparison.
metrics and measures

**Metric**: A metric represents the unique occurrence of a particular unit of measure used in ActionOI. A metric may exist in one or more standard departments within ActionOI.

**Example**: Salary Cost

**Measure**: A measure is an instance of a metric, an individual occurrence of a unit of measure in a particular standard department.

**Example**: Salary Cost in the Imaging Services Diagnostic Radiology department.

minimum

The smallest value in a comparison.

minor teaching hospital

To qualify as an ActionOI minor teaching hospital, your facility must have 200 or more acute-care beds in service and either an intern/resident-per-bed ratio of at least 0.03 or involvement in at least three Graduate Medical Education (GME) programs overall.

multi-hospital system

A network of two or more facilities that operate under the same management and administration. The structure of health care systems varies, including nationwide and local networks. Same as health care system.

norm

An average value for an aggregate set of data for a given period of time.

normalizations

The basis of functional comparison in ActionOI. They are the adjustments applied to your organization’s data in order to follow reporting guidelines. Normalizations enable apples-to-apples comparisons among dissimilar facilities.

In order to report data according to ActionOI guidelines, your revenue accounts, expense accounts, payroll data, and statistics may need to be normalized or moved from your organization’s departments into specific ActionOI areas. The Department Reference Manual (DRM) provides instructions on what to include and what to exclude when reporting data for each area. As these normalizations are made consistently across all ActionOI hospitals, departmental data that would not otherwise be comparable, is now ready for apples-to-apples comparisons.
normalized data
   Facility data adjusted to correspond to ActionOI-defined departments and data elements. Use normalized data for apples-to-apples comparisons among dissimilar facilities.

opportunity dollars
   The potential monetary savings if changes are made to make your facility’s value for this indicator the same as that of the opportunity percentile. For some indicators, a higher value is better (for example, revenue). For other indicators, a lower value is better (for example, labor expense). If the facility is operating as efficiently as possible, the opportunity $ will be represented as zero.

opportunity hours
   The potential hourly savings if changes are made to make your facility’s value for this indicator the same as that of the opportunity percentile. For some indicators, a higher value is better (for example, volunteer service hours). For other indicators, a lower value is better (for example, staff hours paid). If the facility is operating as efficiently as possible, the opportunity hours will be represented as zero.

opportunity percentile
   Variance divided by the current value.

organization area
   A custom mapping of ActionOI standard set of organizations. You can create organization areas to reflect the structure of your health care organization, so you can get more representative information from ActionOI reports. ActionOI saves organization area definitions separate from the ActionOI standard definitions.

payer
   The person or organization that pays a health care provider for health care services prior to or after the services have been provided.

payroll
   The number of hours that were paid for labor, which includes the hours worked, hours paid, and RN hours paid.

percentile
   Values that indicate the percentage of data points that fall below the displayed value. When creating a report, you can choose up to three desired percentiles to make comparisons.
**percentile better than median**

Because the median is the 50th percentile, opportunity cannot be calculated on a percentile higher than the 50th. When you are defining how you want to calculate opportunity, you choose in terms of *percent better than the median*. For example, 5% better than the median is going to calculate opportunity at the 45th percentile.

**personal compare groups**

A compare group that is created by the customer based on specific criteria (for example, department indicator values and/or facility characteristics).

**phlebotomy**

Phlebotomy is the puncture of a vein for the purpose of collecting blood.

**point-of-care testing (POCT)**

Point-of-care testing (POCT) is defined as diagnostic testing at or near the site of patient care. The driving notion behind POCT is to bring the test conveniently and immediately to the patient.

**procedure**

A service in the practice of clinical or diagnostic medicine (for example, an intervention involving drugs, devices, and provider skills and abilities).

**profiling**

An analytic tool that uses epidemiological methods to compare practice patterns of providers on the dimensions of cost, service use, or quality of care. The provider's pattern of practice is expressed as a rate aggregated over time for a defined population of patients.

**program coordinator**

This is the customer staff member who serves as the primary ActionOI administrator. Duties include data management (loading, submitting, auditing), administering system access, ensuring reports and information are available, and coordinating program training. The program coordinator is the primary contact for ActionOI-related communications and activities for both ActionOI and customer-facility staff.

**quality of care**

The degree to which health care is expected to increase the likelihood of desired health outcomes and is consistent with standards of health care.
relative value unit (RVU)

A The RVU is a numerical scale used to compare resources needed for procedures and services provided by the facility. RVUs must be multiplied by a dollar conversion factor to become payment amounts.

rollup

The process of creating a higher level summary by including information from specific subsets.

sample size

The number of cost centers in the selected comparison for the selected department.

services

Any work performed by a trained professional in exchange for pay or as part of a job that is concerned with diagnosis, treatment, or care that will benefit another person's health.

shared service

A shared service represents tasks and functions of a particular department that is providing services to themselves as well as to others on the consolidated financial statements of the System Entity.

standard compare groups

Compare groups that are defined by ActionOI and made available for use by all ActionOI users.

standard department

In generating reports, ActionOI uses standardized definitions of departments to allow facilities to compare data about similar functions when their actual functional and accounting structure may vary. After you upload files to ActionOI, the first step in Data Collection is to map your facility's cost centers to standard departments. For example, you could map your West Burn ICU and East Burn Special Care to a facility department that you name Burn Care Units. Then, you map Burn Care Units to the standard department Burn Care Inpatient Unit.

standard deviation

A measure of how widely values are dispersed from the average value.

standard elements

Every department has a required set of ActionOI-defined financial and operational information. The following are standard elements: worked hours, paid hours, overtime hours, salary cost, supply cost, direct cost, and department-specific workload units.
subset

A part of a larger group of related things and a set in which all elements are contained in another set, therefore if the item is a subset of an element it will add up to the total if all subsets are populated.

survey

An investigation in which information is systematically collected. A population survey can be conducted by face-to-face inquiry, by self-completed questionnaires, by telephone, by postal service, or in some other way. Each method has its advantages and disadvantages. The generalization of results depends upon the extent to which those surveyed are representative of the entire population.

system

An affiliation of facilities under one corporate identity. System identities are established contractually with IBM.

system entity

A system entity represents an entire organizational structure and includes all entities reported on the consolidated financial statements. This includes all sites of care -- ambulatory/outpatient centers, clinics, home health care, hospitals, long term care facilities, medical groups, skilled nursing facilities, joint venture, physician practices, day care facilities, fitness centers, and or insurance/health plans.

template

Use ActionOI templates as a foundation for formatting and generating reports for subsequent time periods. Templates provide an easy way to ensure that your design and report criteria is consistent from one report time period to another, so that when you are ready to create a report it would items such as the compare group, columns, and other reporting elements from the existing template. You can also change the report criteria without affecting the reporting template on which it was based by simply saving it as a new template.

trimming

To provide more statistically relevant values for reports, ActionOI excludes (trims) statistical outliers from a data set before running the relevant computations on the data. As of Q2, 2008, ActionOI trimming methodology is consistent with what is used for the 100 Top® program, specifically Interquartile Range (IQR). This trimming approach relies on the 25th and 75th percentiles, and constructs trim points around these values.

Like standard deviation, the interquartile range (IQR) is a measure of dispersion. Both can be used to identify outliers in a data set. The IQR method, however, is based on a data point's distance from the median rather than the mean, and is thus less influenced by skewed distributions and extreme data points.
UHC
The University Health System Consortium (UHC) is a member-driven alliance of the clinical enterprises of academic health centers (AHCs). UHC supports the research and education missions of AHCs by advancing and disseminating ideas and knowledge, fostering collaboration, and promoting health care opportunity improvements through clinical process improvement and operational benchmarking. http://www.uhc.edu/.

units of analysis (UOA)
The unit to which a performance measure is applied (for example, patients, clinician, group of clinicians, institution).

units of service (UOS)
Volume elements that are commonly used as the denominator of calculated indicators. For example, the volume of Patient Days in the indicator Medical Supply Expense / Patient Day or the volume of 100 Tests Billed in the indicator Labor Expense / 100 Tests Billed.

user
An individual who uses ActionOI. Also used to describe an ID used to log in to ActionOI.

VHA
VHA promotes operational benchmarking and quality improvement for single-hospital and multi-hospital systems across the United States. VHA was named Voluntary Hospitals of America, Inc. until 1994, when it was renamed VHA, Inc. to avoid misinterpretation of the term "voluntary." VHA has more than 1,750 members, representing 24 percent of the nation's community-owned hospitals, including a large number of the leading health care providers in 48 states and the District of Columbia. VHA is a cooperative organization founded and operated on the principle that the sharing and transfer of ideas, techniques, and experiences improves the quality and efficiency of delivering community-oriented health care. VHA also conducts research on the differences between non-profit and investor-owned health care organizations, resulting in a strong advocacy program for continued tax-exempt status of non-profit hospitals. http://www.vha.com/.

volume
Any element that indicates the number or size of something (for example, number of licensed beds, number of patient days or patient visits, number of billed tests).

x-axis
The horizontal axis for a graph, representing the baseline, or 0 value, for the side scale. Typically, the x-axis is the bottom horizontal line in a graph.
**y-axis**

The vertical axis for a graph, which can have a different meaning based on the scale. For example, with time scales, the y-axis represents the start date.

**z-axis**

The third-dimensional axis for a graph, adding depth to the horizontal (x) and the vertical (y) axes.
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