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2024 AHA Annual Survey American Hospital Association

NOTE: SOME LABEL NAMES FOUND ON THE EXPORT HAVE BEEN SHORTENED FOR THIS CODEBOOK

CODEBOOK

A. REPORTING PERIOD (please refer to the instructions and definitions at the end of this questionnaire)

Report data for a full 12-month period, preferably your last completed fiscal year (366 days). (Be consistent in using the same reporting period for responses throughout various sections of this survey.)

1. Reporting Period used (beginning and ending date) DTBEG / DTEND
Month / Day / Year to Month / Day / Year
2. a. Were you in operation 12 full months at the end of your reporting period? FYR YES ☐ NO ☐ b. Number of days open during reporting period DCOV
3. Indicate the beginning of your current fiscal year FISYR
Month / Day / Year

B. ORGANIZATIONAL STRUCTURE

1. CONTROL

Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. CHECK ONLY ONE: CNTRL

Government, nonfederal

- ☐ 12 State
☐ 13 County
☐ 14 City
☐ 15 City-County
☐ 16 Hospital district or authority

Nongovernment, not-for profit (NFP)

- ☐ 21 Church-operated
☐ 23 Other not-for-profit (including NFP Corporation)

Investor-owned, for-profit

- ☐ 31 Individual
☐ 32 Partnership
☐ 33 Corporation

Government, federal

- ☐ 40 Department of Defense
☐ 44 Public Health Service
☐ 45 Veterans' Affairs
☐ 46 Federal other than 40-45 or 47-48
☐ 47 PHS Indian Service
☐ 48 Department of Justice

2. SERVICE

a. Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of patients: SERV

- | | |
|--|--|
| <input type="checkbox"/> 10 General medical and surgical | <input type="checkbox"/> 46 Rehabilitation |
| <input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary) | <input type="checkbox"/> 47 Orthopedic |
| <input type="checkbox"/> 12 Hospital unit within a facility for persons with intellectual disabilities | <input type="checkbox"/> 48 Chronic disease |
| <input type="checkbox"/> 13 Surgical | <input type="checkbox"/> 62 Intellectual disabilities |
| <input type="checkbox"/> 18 REH (Rural Emergency Hospital) | <input type="checkbox"/> 80 Acute long-term care hospital |
| <input type="checkbox"/> 22 Psychiatric | <input type="checkbox"/> 82 Substance use disorder |
| <input type="checkbox"/> 33 Tuberculosis and other respiratory diseases | <input type="checkbox"/> 49 Other -specify treatment area: SERVO |
| <input type="checkbox"/> 41 Cancer | |
| <input type="checkbox"/> 42 Heart | |
| <input type="checkbox"/> 44 Obstetrics and gynecology | |
| <input type="checkbox"/> 45 Eye, ear, nose, and throat | |

b. If 18 REH was selected, please indicate the date when your hospital converted to REH designation: ____ / ____ / ____ **REHDT**

B. ORGANIZATIONAL STRUCTURE (continued)

3. OTHER

a. Are you primarily a Children's Hospital?..... YES ☐ NO ☐ **RADMC**

b. Is your hospital owned in whole or in part by physicians or a physician group? YES ☐ NO ☐ **PHYGP**

c. If you checked 80 Acute long-term care hospital (LTCH) in the Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH arranged within a general acute care hospital.

☐ Free standing LTCH **LTCHF** ☐ LTCH arranged in a general acute care hospital **LTCHC**

If you are arranged in a general acute care hospital, what is your host hospital's name?

Name **LTNM** City **LTCT** State **LTST**

d. Are any other types of hospitals co-located in your hospital? YES ☐ NO ☐ **COHSP**

e. If you checked yes for 3g, what type of hospital is co-located? (Check all that apply)

1. ☐ Cancer **COTYPA**
2. ☐ Cardiac **COTYPB**
3. ☐ Orthopedic **COTYPC**
4. ☐ Pediatric **COTYPD**
5. ☐ Psychiatric/Children's **COTYPE**
6. ☐ Surgical **COTYPF**
7. ☐ Rehabilitation **COTYPH**
8. ☐ Long-Term Acute Care **COTYPI**
9. ☐ Other **COTYPG** **OTHYP**

f. Does the hospital participate in a group purchasing arrangement? YES ☐ NO ☐ **GROUP**

If yes, please provide the name, city, and state of the group purchasing organization(s).

Name: **GPNM** City: **GPC** State: **GPS**

Name: **GP3** City: **GPC3** State: **GPS3**

Name: **GP4** City: **GPC4** State: **GPS4**

g. Does the hospital purchase medical/surgical supplies directly through a distributor? YES ☐ NO ☐ **SUPLY**

If yes, please provide the name of the distributor(s).

Name: **SUPNM**

Name: **SUPNM2**

Name: **SUPNM3**

C. FACILITIES & SERVICES AND BEDS

For each service or facility listed below, please check all the categories that describe how each item is provided **as of the last day of the reporting period**. Check all categories that apply for an item. If you check column (1) for C1-20, please include the number of **staffed beds**.
The sum of the beds reported in 1-20 should equal Section E (2b), beds set up and staffed.

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my health system (in my local community)	(4) Not Provided
A. Inpatient Care Services				
1. General medical-surgical care (#Beds: GENBD)	GENH	GENS	GENV	X
2. Pediatric medical-surgical care..... (#Beds: PEDBD)	PEDH	PEDS	PEDV	X
3. Obstetrics.....[Hospital level of unit (1-4): (OBLEV)] (#Beds: OBBD)	OBH	OBS	OBV	X
4. Medical-surgical intensive care..... (#Beds: MSIBD)	MSIH	MSIS	MSIV	X
5. Cardiac intensive care (#Beds: CICBD)	CICH	CICS	CICV	X
6. Neonatal intensive care [Highest Level (1-4): (NICLEV)] (#Beds: NICBD)	NICH	NICS	NICV	X
7. Neonatal intermediate care..... (# Beds: NINBD)	NINH	NINS	NINV	X
8. Pediatric intensive care..... (#Beds: PICBD)	PICH	PICS	PICV	X
9. Burn care..... (#Beds: BRNBD)	BRNH	BRNS	BRNV	X
10. Other special care OSPOTH (#Beds: SPCBD)	SPCH	SPCS	SPCV	X
11. Other intensive care OTHIC (#Beds: OTHICBD)	OTHIH	OTHIS	OTHIV	X
B. Rehabilitation and Long-Term Care				
12. Physical rehabilitation..... (# Beds: RHBBB)	RHBH	RHBS	RHBV	X
13. Inpatient Substance use disorder care..... (# Beds: ALCBD)	ALCH	ALCS	ALCV	
14. Inpatient Psychiatric care (# Beds: PSYBD)	PSYH	PSYS	PSYV	X
15. Skilled nursing care (# Beds: SNBD)	SNH	SNS	SNV	
16. Intermediate nursing care (# Beds: INCBBD)	INCH	INCS	INCV	X
17. Acute long-term care (# Beds: ACULTBD)	ACUH	ACUS	ACUV	X
18. Other long-term care (# Beds: OLTBD)	OLTH	OLTS	OLTV	X
19. Biocontainment patient care unit (# Beds: BIOBD)	BIOH	BIOS	BIOV	X
20. Other care OTHOTH (# Beds: OTHBD)	OTHH	OTHS	OTHV	X
C. Outpatient and Ambulatory Services				
21. Adult day care program	ADLTH	ADLTS	ADLTV	X
22. Ambulatory surgery center	AMBSH	AMBSS	AMBSV	X
23. Ambulance services	AMBH	AMBS	AMBV	X
24. Air Ambulance services	AMBAH	AMBAS	AMBAV	X
25. Freestanding outpatient care center	OPCNH	OPCNS	OPCNV	X
26. Home health services	HOMEH	HOMES	HOMEV	X
27. Hospice program	HSPCH	HSPCS	HSPCV	X
28. Hospital-based outpatient care center services	OPHSH	OPHSS	OPHSV	
29. Hospital at Home Program	HOSAH	HOSAS	HOSAV	X
30. Outpatient surgery	OPSGH	OPSGS	OPSGV	
31. Indigent care clinic	ICARH	ICARS	ICARV	X
32. Rural health clinic	RURLH	RURLS	RURLV	X

D. Specialized Medical Services				
33. Airborne infection isolation room (# rooms AIRBR).....	AIRBH	AIRBS	AIRBV	X
34. Cardiology and cardiac surgery services				
34a. Adult cardiology services	ACARDH	ACARDS	ACARDV	X
34b. Pediatric cardiology services	PCARDH	PCARDS	PCARDV	X
34c. Adult diagnostic catheterization	ACLABH	ACLABS	ACLABV	X
34d. Pediatric diagnostic catheterization	PCLABH	PCLABS	PCLABV	X
34e. Adult interventional cardiac catheterization	ICLABH	ICLABS	ICLABV	X
34f. Pediatric interventional cardiac catheterization	PELABH	PELABS	PELABV	X
34g. Adult cardiac surgery	ADTCH	ADTCS	ADTCV	X
34h. Pediatric cardiac surgery	PEDCSH	PEDCSS	PEDCSV	X
34i. Adult cardiac electrophysiology	ADTEH	ADTES	ADTEV	X
34j. Pediatric cardiac electrophysiology	PEDEH	PEDES	PEDEV	X
34k. Cardiac rehabilitation	CHABH	CHABS	CHABV	X
35. Chemotherapy	CHTHH	CHTHS	CHTHV	X
36. Hemodialysis	HEMOH	HEMOS	HEMOV	X
37. Oncology services	ONCLH	ONCLS	ONCLV	X
38. Neurological services	NEROH	NEROS	NEROV	X
39. Orthopedic services	ORTOH	ORTOS	ORTOV	X
40. Pain management program	PAINH	PAINS	PAINV	X
41. Palliative care program .	PALH	PALS	PALV	X
42. Palliative care inpatient unit	IPALH	IPALS	IPALV	X
43. Radiology, diagnostic				
43a. CT Scanner	CTSCH	CTSCS	CTSCV	X
43b. Diagnostic radioisotope facility	DRADH	DRADS	DRADV	X
43c. Electron beam computed tomography (EBCT)	EBCTH	EBCTS	EBCTV	X
43d. Full-field digital mammography (FFDM)	FFDMH	FFDMS	FFDMV	X
43e. Magnetic resonance imaging (MRI)	MRIH	MRIS	MRIV	X
43f. Intraoperative magnetic resonance imaging	IMRIH	IMRIS	IMRIV	X
43g. Magnetoencephalography (MEG)	MEGH	MEGS	MEGV	X
43h. Multi-slice spiral computed tomography (<64+ slice CT)	MSCTH	MSCTS	MSCTV	X
43i. Multi-slice spiral computed tomography (64+ slice CT)	MSCTGH	MSCTGS	MSCTGV	X
43j. Positron emission tomography (PET)	PETH	PETS	PETV	X
43k. Positron emission tomography/CT (PET/CT)	PETCTH	PETCTS	PETCTV	X
43l. Single photon emission computerized tomography (SPECT)	SPCTH	SPCTS	SPCTV	X
43m. Ultrasound	ULTSH	ULTSS	ULTSV	X
44. Radiology, therapeutic				
44a. Image-guided radiation therapy (IGRT)	IGRTH	IGRTS	IGRTV	X
44b. Intensity-modulated radiation therapy (IMRT)	IMRTH	IMRTS	IMRTV	X
44c. Stereotactic radiosurgery	SRADH	SRADS	SRADV	X
44d. Proton beam therapy	PTONH	PTONS	PTONV	X
44e. Shaped beam radiation system	BEAMH	BEAMS	BEAMV	X
44f. Basic interventional radiology	BRADH	BRADS	BRADV	X
45. Physical rehabilitation services				
45a. Assistive technology center	RASTH	RASTS	RASTV	X
45b. Electrodiagnostic services	REDSH	REDSS	REDSV	X
45c. Physical rehabilitation outpatient services	RHOPH	RHOPS	RHOPV	X
45d. Prosthetic and orthotic services	RPRSH	RPRSS	RPRSV	X
45e. Robot-assisted walking therapy	RBOTH	RBOTS	RBOTV	X
45f. Simulated rehabilitation environment	RSIMH	RSIMS	RSIMV	X
46. Transplant services				
46a. Bone marrow	OTBONH	OTBONS	OTBONV	X
46b. Heart	HARTH	HARTS	HARTV	X
46c. Kidney	KDNYH	KDNYN	KDNYV	X
46d. Liver	LIVRH	LIVRS	LIVRV	X

46e. Lung	LUNGH	LUNGS	LUNGV	x
46f. Tissue	TISUH	TISUS	TISUV	x
46g. Other	OTOTHH	OTOTHS	OTOTHV	x
47. Bariatric/weight control services	BWHTH	BWHTS	BWHTV	x
48. Birthing room/LDR room/LDRP room	BRMH	BRMS	BRMV	x
49. Chiropractic services	CHIH	CHIS	CHIV	x
50. Complementary and alternative medicine services	COMPH	COMPS	COMPV	x
51. Computer assisted orthopedic surgery (CAOS)	CAOSH	CAOSS	CAOSV	x
52. Dental services	DENTH	DENTS	DENTV	x
53. Endoscopic services				
53a. Optical colonoscopy	ENDOCH	ENDOCs	ENDOCV	x
53b. Endoscopic ultrasound	ENDOUH	ENDOUS	ENDOUV	x
53c. Ablation of Barrett's esophagus	ENDOA	ENDOAS	ENDOAV	x
53d. Esophageal impedance study	ENDOEH	ENDOES	ENDOEV	x
53e. Endoscopic retrograde cholangiopancreatography (ERCP)	ENDORH	ENDORS	ENDORV	x
54. Extracorporeal shock wave lithotripter (ESWL)	ESWLH	ESWLS	ESWLV	x
55. Fertility clinic	FRTCH	FRTCS	FRTCV	x
56. Geriatric services	GRSVH	GRSVS	GRSVV	x
57. Health research	HLTRH	HLTRS	HLTRV	x
58. HIV/AIDS services	AIDSH	AIDSS	AIDSV	x
59. Occupational health services	OCHSH	OCHSS	OCHSV	x
60. Patient controlled analgesia (PCA)	PCAH	PCAS	PCAV	x
61. Primary care department	PRMCH	PRMCS	PRMCV	x
62. Robotic surgery	ROBOH	ROBOS	ROBOV	x
63. Sleep center	SLEPH	SLEPS	SLEPV	x
64. Sports medicine	SPRTH	SPRTS	SPRTV	x
65. Stroke Care	STKCH	STKCS	STKCV	x
66. Swing bed services	SWBDH	SWBDS	SWBDV	x
67. Women's health center/services (not related to pregnancy or postpartum care)	WMHCH	WMHCS	WMHCV	x
68. Wound management services	WMGTH	WMGTS	WMGTV	x
E. Support Services				
69. Case management	CMNGH	CMNGS	CMNGV	x
70. Chaplaincy/pastoral care services	CHAPH	CHAPS	CHAPV	x
71. Community outreach	COUTH	COUITS	COUTV	x
72. Support groups	SUPGH	SUPGS	SUPGV	x
73. Social work services	SCWKH	SCWKS	SCWKV	x
74. Transportation to health services (non-emergency)	TPRTH	TPRTS	TPRTV	x
75. Volunteer services department	VOLSH	VOLSS	VOLSV	x
76. Volunteer Community Organization	VCOH	VCOS	VCOV	x
77. Enrollment (insurance) assistance services	ENRH	ENRS	ENRV	x
78. Employment support services	EMSSH	EMSSS	EMSSV	x
79. Housing services				
79a. Assisted living	ASTLH	ASTLS	ASTLV	x
79b. Retirement housing	RETRH	RETRS	RETRV	x
79c. Supportive housing services	SPHSH	SPHSS	SPHSV	x
80. Linguistic/translation services	LINGH	LINGS	LINGV	x
81. Meal delivery services	MEALH	MEALS	MEALV	x
82. Mobile health services	MOHSH	MOHSS	MOHSV	x
83. Patient education center	PTEDH	PTEDS	PTEDV	x
84. Patient representative services	PTRPH	PTRPS	PTRPV	x
85. Prenatal and Postpartum services	PPCH	PPCS	PPCV	x
86. Teen outreach services	TEENH	TEENS	TEENV	x
F. Emergency and Urgent Care Services				
87. On-campus emergency department	EMERH	EMERS	EMERV	x
88. Off-campus emergency department	FSERH	FSERS	FSERV	x

89. Pediatric emergency department	PEMERH	PEMERS	PEMERV	x
90. Trauma center (designated) [ATS Level (1-5) TRMAL]	TRMAH	TRMAS	TRMAV	x
90a. If column(1) is checked for 89 (Trauma center), does your hospital own the trauma certification? TRMLO				
91. Urgent care center	URGCH	URGCS	URGCV	x
G. Preventative and Wellness Programs				
92. Alzheimer center	ALZH	ALZS	ALZV	x
93. Arthritis treatment center	ARTHH	ARTHS	ARTHV	x
94. Blood donor center	BLDOH	BLDOS	BLDOV	x
95. Breast cancer screening/mammograms	MAMMH	MAMMS	MAMMV	x
96. Diabetes prevention program	DPPH	DPPS	DPPV	x
97. Fitness center	FITCH	FITCS	FITCV	x
98. Community health education	HLTCH	HLTCS	HLTCV	x
99. Genetic testing/counseling	GNTCH	GNTCS	GNTCV	x
100. Health screenings	HLTSH	HLTSS	HLTSV	x
101. Tobacco treatment/cessation program	TOBH	TOBS	TOBV	x
102. Children's wellness program	CHWLH	CHWLS	CHWLV	x
103. Early Intervention Treatment	CPRVH	CPRVS	CPRVV	x
104. Immunization program	IMPRH	IMPRS	IMPRV	x
105. Nutrition program	NUTRH	NUTRS	NUTRV	x
106. Violence prevention programs				
106a. For the workplace	VWRKH	VWRKS	VWRKV	x
106b. For the community	VCMMH	VCMMS	VCMMV	x
H. Telehealth Services				
107. Consultation and office visits	COFVH	COFVS	COFVV	x
108. eICU	EICUH	EICUS	EICUV	x
109. Telehealth Stroke care	STRCH	STRCS	STRCV	x
110. Psychiatric Treatment	PSYTRH	PSYTRS	PSYTRV	x
111. Substance Use Disorder Treatment	SUDTH	SUDTS	SUDTV	x
112. Remote patient monitoring				
112a. Post-discharge	PDISH	PDISS	PDISV	x
112b. Ongoing chronic care management	CHCARH	CHCARS	CHCARV	x
112c. Other remote patient monitoring	ORPMH	ORPMS	ORPMV	x
113. Virtual colonoscopy	VRCSH	VRCSS	VRCSV	x
114. Other telehealth: OTELHT	OTHTH	OTHTS	OTHTV	x
I. Behavioral Health Services				
115. Psychiatric services				
115a. Psychiatric consultation-liaison services	PSLSH	PSLSS	PSLSV	x
115b. Psychiatric pediatric care..... (#staffed Beds PSCBD)	PSCAH	PSCAS	PSCAV	x
115c. Psychiatric geriatric care..... (#staffed Beds PSGBD)	PSGRH	PSGRS	PSGRV	x
115d. Psychiatric education services	PSEDH	PSEDS	PSEDV	x
115e. Psychiatric emergency services	PSEMH	PSEMS	PSEMV	x
115f. Psychiatric outpatient services	PSOPH	PSOPS	PSOPV	x
115g. Psychiatric intensive outpatient services	PSOIH	PSOIS	PSOIV	x
115h. Social and community psychiatric services	PSSOCH	PSSOCS	PSSOCV	x
115i. Forensic psychiatric services	PSCISH	PSCISS	PSCISV	x
115j. Prenatal and postpartum psychiatric services	PPNH	PPNS	PPNV	x
115k. Psychiatric partial hospitalization services – adult	PSPHAH	PSPHAS	PSPHAV	x
115l. Psychiatric partial hospitalization services – pediatric	PSPHCH	PSPHCS	PSPHCV	x
115m. Psychiatric residential treatment – adult	PSTRAH	PSTRAS	PSTRAV	x
115n. Psychiatric residential treatment – pediatric	PSTRPH	PSTRPS	PSTRPV	x
115m. Suicide prevention services	PSPIH	PSPIS	PSPIV	x
116. Substance use disorder services				
116a. Substance use disorder pediatric services (#Staffed Beds ALDBD)	ALOPDH	ALOPDS	ALOPDV	x

116b. Substance use disorder outpatient services	ALOPH	ALOPS	ALOPV	x
116c. Substance use disorder partial hospitalization services	ALOPRH	ALOPRS	ALOPRV	x
116d. Medication assisted treatment for Opioid Use Disorder	MEDOPH	MEDOPS	MEDOPV	x
116e. Medication assisted treatment for other substance use disorders	MEDSUH	MEDSUBS	MEDSUBV	x

117. Does your organization routinely integrate behavioral health services in the following care areas?

	Yes	No	
a. Emergency services.....	<input type="checkbox"/>	<input type="checkbox"/>	BHER
b. Primary care services.....	<input type="checkbox"/>	<input type="checkbox"/>	BHPCS
c. Acute inpatient care.....	<input type="checkbox"/>	<input type="checkbox"/>	BHACAR
d. Extended care.....	<input type="checkbox"/>	<input type="checkbox"/>	BHXCAR

Integration means routinely coupling medical services with behavioral health services and could range from co-located physical and behavioral health providers, with some screening and treatment planning, to fully integrated care where behavioral and physical health providers function as a true team in a shared practice.

118. Does your organization routinely offer **psychiatric consultation & liaison services** in the following care areas?

Consultation-liaison psychiatrists, medical physicians, or advanced practice providers (APPs) work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team.

	Yes	No	
e. Emergency services.....	<input type="checkbox"/>	<input type="checkbox"/>	PHER
f. Primary care services.....	<input type="checkbox"/>	<input type="checkbox"/>	PHPCS
g. Acute inpatient care.....	<input type="checkbox"/>	<input type="checkbox"/>	PHACAR
h. Extended care.....	<input type="checkbox"/>	<input type="checkbox"/>	PHXCAR

119. Does your organization routinely offer **addiction/substance use disorder consultation & liaison services** in the following care areas?

	Yes	No	
a. Emergency services	<input type="checkbox"/>	<input type="checkbox"/>	SHER
b. Primary care services	<input type="checkbox"/>	<input type="checkbox"/>	SHPCS
c. Acute inpatient care	<input type="checkbox"/>	<input type="checkbox"/>	SHACAR
d. Extended care	<input type="checkbox"/>	<input type="checkbox"/>	SHXCAR

120. Does your organization routinely screen for **psychiatric disorders** in the following care areas?

Screens can include, but are not limited to the PHQ-2 and PHQ9 depression screen, the Columbia DISC Depression Scale, and/or the GAD-2 and GAD-7 for anxiety disorders

	Yes	No	
a. Emergency services.....	<input type="checkbox"/>	<input type="checkbox"/>	DHER
b. Primary care services.....	<input type="checkbox"/>	<input type="checkbox"/>	DHPCS
c. Acute inpatient care.....	<input type="checkbox"/>	<input type="checkbox"/>	DHACAR
d. Extended care.....	<input type="checkbox"/>	<input type="checkbox"/>	DHXCAR

121. Does your organization routinely offer screen for **substance use disorders** in the following care areas?
Screens can include but are not limited to the CAGE Substance Abuse Screening Tool; NIDA's drug screening tool; and/or TAPS: Tobacco, Alcohol, Prescription medication, and other Substance use Tool

	Yes	No	
a. Emergency services.....	<input type="checkbox"/>	<input type="checkbox"/>	CHER
b. Primary care services.....	<input type="checkbox"/>	<input type="checkbox"/>	CHPCS
c. Acute inpatient care.....	<input type="checkbox"/>	<input type="checkbox"/>	CHACAR
d. Extended care.....	<input type="checkbox"/>	<input type="checkbox"/>	CHXCAR

C. PHYSICIAN ARRANGEMENT

122a. Please indicate the number of physicians on your hospital's medical staff whose practices are organized in the following ways:

	(a) Number of Involved Physicians in My Hospital	(b) Number of Involved Physicians in My Health System	(c) Not Provided
1. Employed Model OR Group owned/operated by the hospital/health system:	EMODH	EMODS	<input type="checkbox"/> EMODX
2. Foundation Model:	FOMODH	FOMODS	<input type="checkbox"/> FOMODX
3. Independent Practice Association (IPA):	INPAH	INPAS	<input type="checkbox"/> INPAX
4. Independent Group owned/operated by its partners:	INGOH	INGOS	<input type="checkbox"/> INGOX
5. Independent Group owned/operated by a third party separate from the hospital/health system (e.g., private equity, insurance company, etc):	THIGOH	THIGOS	<input type="checkbox"/> THIGOX
6. Independent Solo Practice:	INSPH	INSPS	<input type="checkbox"/> INSPX
7. Other (please specify): PAOTH	OTHEH	OTHES	<input type="checkbox"/> OTHEX

122b. Please indicate the number physicians in each of the following relationships with your hospital:

	Number of Involved Physicians
1. Employed:	PHYEMP
2. contract Group:	PHYCG
3. Privileges Only:	PHYPO
4. Other (please specify): PHSOTH	PHSOT

122c. Please indicate the number of physicians affiliated with your hospital that belong to each type of physician specialty arrangement:

	Number of Affiliated Physicians
1. Single Specialty:	PHYSSS
2. Multispecialty:	PHYSMS
3. Other (please specify): OTHPSA	OTHPHY

122d. Of the physician practices owned by the hospital, what percentage are primary care? **PHYCPT** %

122e. Of the physician practices owned by the hospital, what percentage are specialty care? %

123a. Does your hospital participate in any joint venture arrangements with physicians or physician groups? YES ☐ NO ☐

123b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (Check all that apply)

1. ☐ Limited service hospital
2. ☐ Ambulatory surgical centers
3. ☐ Imaging centers
4. ☐ Other

123c. If you selected 'a. Limited-Service Hospital', please tell us what type(s) of services are provided. (Check all that apply)

1. ☐ Cardiac
2. ☐ Orthopedic
3. ☐ Surgical
4. ☐ Other

123d. Does your hospital participate in joint venture arrangements with organizations other than physician groups? YES ☐ NO ☐

124. Does your hospital have a partnership with a Community Mental Health Center or a Certified Community Behavioral Health Center?

- a. Community Mental Health Center Yes ☐ No ☐
- b. Certified Community Behavioral Health Center Yes ☐ No ☐

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS INSURANCE

1. Does your hospital own or jointly own a health plan? **HHPLAN** Yes ☐ No ☐
2. Does your hospital/system have a significant partnership (e.g. a joint venture) with an insurer or an insurance company/health plan? **IINSPA** Yes ☐ No ☐ N/A ☐
3. If yes to 1 and/or 2 please indicate the insurance product(s) (Check all that apply)

Insurance Products	Hospital	System	JV	No	Do not know
a. Medicare Advantage	MEDADHH	MEDADSS	MEDADV	MEDADNN	MEDADKD
b. Medicaid Managed Care	MMCHH	MMCSS	MMCVV	MMCNN	MMCDKDN
c. Health Insurance Marketplace("exchange")	HLINHH	HLINSS	HLINVV	HLINNN	HLINDKD
d. Small Group	SMGRPHH	SMGRPSS	SMGRP	SMGRPNN	SMGPDKD
e. Large Group	LGRPHH	LGRPSS	LGRP	LGRPNN	LGRPDKD
f. Other OSMGOTH	OSMGHH	OSMGS	OSMGV	OSMGNN	OSMGDKD

If you have answered 'no' to all parts of question 1 and 2, please skip to question 8.

4. Does your **health plan** make capitated payments to physicians either within or outside of your network for specific groups or enrollees?
- a. Physicians within your network Yes ☐ No ☐ Do not know ☐ **HPLANA**
- b. Physicians outside your network Yes ☐ No ☐ Do not know ☐ **HPLANB**
- c. If yes, which specialties... **HPLNOTH**
5. Does your **health plan** make bundled payments to providers in your network or to outside providers?
- a. Providers within your network Yes ☐ No ☐ Do not know ☐ **HPLN3A**
- b. Providers outside your network Yes ☐ No ☐ Do not know ☐ **HPLN3B**
- c. If yes, which specialties? **HPLN3OT**
6. Does your **health plan** offer shared risk contracts to either providers in your network or to outside providers? (i.e., other than capitation or bundled payment.)
- a. Providers within your network Yes ☐ No ☐ Do not know ☐ **HPLN4A**
- b. Providers outside your network Yes ☐ No ☐ Do not know ☐ **HPLN4B**
- c. If yes, which specialties? **HPLN4OT**

D. INSURANCE AND ALTERNATIVE PAYMENT MODELSALTERNATIVE PAYMENT MODELS (continued)

7. Does your hospital or health system fund the health benefits for your employees? Yes ☐ No ☐ **SLFPLN**
- a. If yes, does the hospital or health system also administer the benefits (as opposed to contracting with a third party administrator)? Yes ☐ No ☐ **FNDBDN**
8. What percentage of your **hospital's** patient revenue is paid on a capitated basis? **CPPCT**
- a. In total, how many patients do you serve under capitated contracts? Total Patients: **CPENR**

9. Does your hospital participate in any bundled payment arrangements

Yes ☐ No ☐ if no, Skip to 11

PBDPY

9a. For which of the following payers and medical/surgical conditions does your **hospital** have a bundled payment arrangement? (Check all that apply).

	(a) Traditional Medicare	(b) Medicare Advantage Plan	c) Commercial Insurance Plan (including ACA participants, individual, group or employer markets)	(d) Medicaid
1. Cardiovascular	BDVASA	BDVASB	BDVASC	BDVASD
2. Orthopedic	BDPEDA	BDPEDB	BDPEDC	BDPEDD
3. Oncologic	BDGICA	BDGICB	BDGICC	BDGICD
4. Neurology	BDLGYA	BDLGYB	BDLGYC	BDLGYD
5. Hematology	BDHEMA	BDHEMB	BDHEMC	BDHEMD
6. Gastrointestinal	BDGASA	BDGASB	BDGASC	BDGASD
7. Pulmonary	BDPULA	BDPULB	BDPULC	BDPULD
8. Infectious Disease	BDINDA	BDINDB	BDINDC	BDINDD
9. Hospitalist	BDHPLA	BDHPLB	BDHPLC	BDHPLD
10. Nephrology	BDNEPA	BDNEPB	BDNEPC	BDNEPD
11. Obstetrics	BDNOBA	BDNOBB	BDNOBC	BDNOBD
12. Endocrinology	BDNDOA	BDNDOB	BDNDOC	BDNDOD
13. Psychiatric Disorders	BDPHDA	BDPHDB	BDPHDC	BDPHDD
14. Substance Use Disorders	BDSUBA	BDSUBB	BDSUBC	BDSUBD
15. Other: BDPOTH	BDPOTA	BDPOTB	BDPOTC	BDPOTD

9b. What percentage of the **hospital's** patient revenue is paid through bundled payment arrangements? **BNDPCT**

10. Does your hospital participate in a bundled payment program involving care settings outside of the hospital (e.g., physician, outpatient, post-acute)? Yes ☐ No ☐ **BNDPAY**

10a. If yes, does your hospital share upside or downside risk for any of those outside providers? Yes ☐ No ☐ **BNDRSK**

11. What percentage of your hospital's patient revenue is paid on a shared risk basis (other) than capitated or bundled payments? **CAPRSK**

12. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? Yes ☐ No ☐ **CPCON**

13. Does your hospital have contracts with commercial payors where payment is tied to performance on quality/safety Metrics? Yes ☐ No ☐ **CMRPAY**

14a. Has your hospital or health care system established an accountable care organization (ACO)? ACOORG	
1. <input type="checkbox"/> My hospital/system currently leads an ACO (Skip to 14b)	RETURNS 1
2. <input type="checkbox"/> My hospital/system currently participates in an ACO (but is not its leader) (Skip to 15)	RETURNS 2
3. <input type="checkbox"/> My hospital/system previously led or participated in an ACO but is no longer doing so (Skip to 15)	RETURNS 3
4. <input type="checkbox"/> My hospital/system has never participated or led an ACO (Skip to 15)	RETURNS 4

14b. With which of the following types of payers does your hospital/system have an accountable care contract? (check all that apply)		
1. <input type="checkbox"/> Traditional Medicare (MSSP and NextGen) (Skip to 14c)	ACOTYPA	ACOTYP-1
2. <input type="checkbox"/> A Medicare Advantage plan (Skip to 14d)	ACOTYPB	ACOTYP-2
3. <input type="checkbox"/> A commercial insurance plan (including ACO participants, individual, group and employer markets) (Skip to 14d)	ACOTYPC	ACOTYP-3
4. <input type="checkbox"/> Medicaid (Skip to 14d)	ACOTYPD	ACOTYP-4

14c. If you selected Traditional Medicare, in which of the following Medicare programs is your hospital/system participating? (Check all that apply)

1. ☐ MSSP BASIC Track, Level A MSSPBA
2. ☐ MSSP BASIC Track, Level B MSSPBB
3. ☐ MSSP BASIC Track, Level C MSSPBC
4. ☐ MSSP BASIC Track, Level D MSSPBD
5. ☐ MSSP BASIC Track, Level E MSSPBE
6. ☐ MSSP ENHANCED Track MSSPTRK
7. ☐ Original MSSP program, Tracks 1, 1+, 2 or 3 MSSP
8. ☐ Comprehensive ESRD Care MSSPF

14d. What percentage of your hospital's/system's patients are covered by accountable care contracts? ACOPCT %

ACOPCT

14e. What percentage of your hospital's/system's patient revenue came from ACO contracts in 2024? ACOCN %

15. Does your hospital/system have an established medical home program?

a. Hospital MEDHME

Yes ☐

No ☐

b. System MEDHSE

Yes ☐

No ☐

E. TOTAL FACILITY BEDS AND UTILIZATION

Please report beds and utilization data for the 12-month period that is consistent with the period reported on page 1. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation. If final figures are not available, please estimate.

Fill out column (2) if hospital owns and operates a nursing home type unit/facility. Column (1) should be the combined total of hospital plus Nursing Home Unit/Facility.

1. Does your hospital own and operate a nursing home type unit/facility? Yes ☐ No ☐ **SUNITA**

2. BEDS AND UTILIZATION	(1) Total Facility	(2) Nursing Home Unit/Facility
a. Total licensed beds.....	LBEDSA	LBEDLA
b. Beds set up and staffed for use at the end of the reporting period	BEDSA	BEDSLA
c. Bassinets set up and staffed for use at the end of the reporting period	BASSNA	
d. Births (exclude fetal deaths).....	BIRTHSA	
e. Admissions (exclude newborns, include neonatal & swing admissions)	ADMA	ADMLA
f. Discharges (exclude newborns; include neonatal & swing discharges).....	DCTOT	DCLTOT
g. Inpatient days (exclude newborns, include neonatal & swing days).....	IPDA	IPDLA
h. Emergency department visits.....	VISERA	
i. Total outpatient visits (include emergency department visits & outpatient surgeries).....	VISOPA	
j. Inpatient surgical operations.....	SRGIPA	
k. Number of operating rooms.....	OPRA	
l. Outpatient surgical operations.....	SRGOPA	

3. UTILIZATION BY PAYER	(1) Total Facility	(2) Nursing Home Unit/Facility
For this section, the inpatient day components (E3b1+E3d1+E3e2+E3f2+E3g2) should equal the inpatient days from section E2 (E2g) and for discharges, the components (E3a1+E3c1+E3e1+E3f1+E3g1) should equal the discharges from section E2 (E2f).		
a1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)	MRDCA	MRDCLA
a2. How many Medicare inpatient discharges were Medicare Managed Care?	MRDCMA	MRDLMA
b1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)	MRIDA	MRIDLA
b2. How many Medicare inpatient days were Medicare Managed Care?	MRIDMA	MRILMA
c1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)	MDDCA	MDDCLA
c2. How many Medicaid inpatient discharges were Medicaid Managed Care	MDDCMA	MDCLMA
d1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)	MDIDA	MDIDLA
d2. How many Medicaid inpatient days were Medicaid Managed Care?	MDIDMA	MDILMA
e1. Total self-pay inpatient discharge	SPTDCA	SPLDCA
e2. Total self-pay inpatient days	SPTIPA	SPLIPA
f1. Total Commercial (non-Medicare, non-Medicaid) inpatient discharges	THRTDCA	THRLDCA

f2. Total Commercial (non-Medicare, non-Medicaid) inpatient days	THRTIPA	THRLIPA
g1. Other payer (government and non-government) inpatient discharges	OPOTDCA	OPOLDCA
g2. Other payer (government and non-government) inpatient discharges	OPOTIPA	OPOLIPA

TOTAL FACILITY BEDS AND UTILIZATION cont.

4. Utilization of Telehealth/Virtual Care

The definitions used herein represent one approach to understanding telehealth/virtual care. The AHA is aware that different organizations use different definitions for these terms and that Medicare defines them in a more narrow way than they are used in the field. The definitions we chose are meant to balance the statutory and regulatory use of the terms with the way they are understood by providers on the ground.

a. Number of video visits: Synchronous visits between a patient and a provider that are not co-located, through the use of two-way, interactive, real-time audio and video communication.	VIDVZ
b. Number of audio visits: Synchronous visits between a patient and a provider that are not co-located, through the use of two-way, interactive, real-time audio-only communication.	AUVZ
c. Number of patients being monitored through remote patient monitoring (RPM): Asynchronous or synchronous interactions between a patient and a provider that are not co-located involving the collection, transmission, evaluation and communication of physiologic data.	PRPM
d. Number of patients being monitored through remote therapeutic monitoring (RTM): Collection and transmission of non-physiologic data to providers. Services include medical device set up, patient education, transmission of data, and interpretation and analysis of results.	ERTM
e. Number of patients receiving other virtual services: All other synchronous or asynchronous interactions between a provider and patient or provider and provider delivered remotely, including messages, eConsults, and virtual check-ins.	VPSRV
f. Number of eVisits: Non-face-to-face patient-initiated communications through an online patient portal.	EFACE
g. Number of eConsults: Synchronous or asynchronous two-way communication between primary care clinicians and specialists.	ETWAY
h. Number of Virtual Check-ins: Brief communication technology-based service (including synchronous audio or asynchronous exchange of video or images).	VCHK

F. TOTAL FACILITY FINANCES

Please report financial data for the 12-month period that is consistent with the period reported in Section A. Report financial data for reporting period only. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation. If final figures are not available, please estimate. Round to the nearest dollar.

1. FINANCIAL	(1) Total Facility	(2) Nursing Home Unit/Facility
*a Net patient revenue (treat bad debt as a deduction from gross revenue) (must equal 4c, column 2, Total net revenue)	RVNPEA	RVNPLA
*b Tax appropriations	RVTXA	
*c Other operating revenue.....	RVOOA	
*d Nonoperating revenue	RVNOA	
e. TOTAL REVENUE (add 1a thru 1d)	REVTEA	REVTLA
f. Payroll expenses (only)	PYRLA	PYRLLA
g. Employee benefits	BNFTA	BNFTLA
h. Depreciation expense (for reporting period only)	DPEXA	
i. Interest expense	INTEXA	
j. Pharmacy expense	PHREXA	
k. Supply expense.....	SUPEXA	
l. All other expenses.....	OTHEXPA	
m. TOTAL EXPENSES (add 1f thru 1k. Exclude bad debt).....	EXPTEA	EXPTLA
n. Do your total expenses (E3.m) reflect full allocation from your corporate office? EXPYN	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*o. Does your hospital monitor the expenses related to collecting payments from insurers? MEXYN	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*1. If yes, what percent of your hospital's revenue was spent on collecting reimbursement from insurers?	REVCH %	

2. REVENUE BY TYPE

*a. Total gross inpatient revenue..... REVIPA
 *b. Total gross outpatient revenue REVOPA
 *c. Total gross patient revenue (must equal 4c, column 1, Total gross revenue) REVGA

3. UNCOMPENSATED CARE & PROVIDER TAXES

*a. Bad debt expense (Revenue forgone at full established rates. Include gross revenue)..... BDDBTA

1. Are you able to distinguish bad debt derived from patients with or without insurance? Yes ☐ No ☐ NOINS

2. If yes, how much is from patients with insurance?..... .00 TNOINS

*b. Financial Assistance (includes Charity Care) (Revenue forgone at full-established rates. Include in gross revenue.)..... CHRTYA

*c. Is your bad debt (5a) reported on the basis of full charges? YES ☐ NO ☐ BDCHRG

*d. Does your state have a provider Medicaid tax/assessment program? YES ☐ NO ☐ MCDTAX

*e. If yes, please report the total gross amount paid into the program..... MCDTXA

f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in:

1. Total expenses YES ☐ NO ☐ **MCDTEXP**
2. Deductions from net patient revenue YES ☐ NO ☐ **MCDTNET**

4. REVENUE BY PAYER (report total facility gross & net figures)	(1) Gross	(2) Net
a. GOVERNMENT		
(1) Medicare:		
a. Fee for service patient revenue	MCRGRA	MCRNRA
b. Managed care revenue	MCRGMA	MCRNMA
c. Total (a + b)	MCRGA	MCRNA
(2) Medicaid:		
a. Fee for service patient revenue	MCDGFEE	MCDNFEE
b. Managed care revenue	MCDGMA	MCDNMA
c. Medicaid Graduate Medical Education (GME) payments		MCDNGME
d. Medicaid Disproportionate Share Hospital Payments (DSH)		MCDNDSH
e. Medicaid State Directed Payments		MCDNPAY
f. Other Medicaid Supplemental Payments (not including Medicaid DSH Payments or Medicaid State Directed Payments)		MCDNSPH
g. Other Medicaid		OTHNMD
h. Total (a thru g)	MCDGA	MCDNA
(3) Other government	OTHGGA	OTHNGA
b. NONGOVERNMENT		
(1) Self-pay	SPAYGA	SPAYNA
(2) Commercial payers:		
a. Managed care (includes HMO and PPO)	THRGMA	THRNMA
b. Other Commercial payers	THRGOT	THRNOT
c. Total Commercial payers (a + b)	THRDGA	THRDNA
(3) All other nongovernment	OTHGNA	OTHNNA
c. TOTAL (Total gross should equal F2c. Total net should equal F1a.)	TOTGA	TOTNA
	(1) Inpatient	(2) Outpatient
d. If you report Medicaid Supplemental Payments on line 4a(2)f, please break the payment total into inpatient and outpatient care.	INPDSH	OUTDSH
e. If you are a government owned facility (control codes 12-16), does your facility participate in the Medicaid intergovernmental transfer or certified public expenditures program?	Yes <input type="checkbox"/> No <input type="checkbox"/> MCDCRT	
	(1) Gross	(2) Net
f. If yes, please report gross and net revenue.	MCDGCRT	MCDNCRT

Are the financial data responses in section F: Total Facility Finances primarily sourced from your audited financial statement?

AUDIT YES ☐ No ☐

5. FINANCIAL PERFORMANCE – MARGIN (Please report each margin as a percentage (%), not as a dollar amount.)

- *a. Total Margin..... % **TMARG**
- *b. Operating Margin % **OMARG**
- *c. EBITDA Margin..... % **EMARG**
- *d. Medicare Margin % **MCMARG**
- *e. Medicaid Margin..... % **MDMARG**

6. FIXED ASSETS

- a. Property, plant and equipment at cost **PLNTA**
- b. Accumulated depreciation **ADEPRA**
- c. Net property, plant, and equipment (a-b) **ASSNET**
- d. Total gross square feet of your physical plant used for or in support of your healthcare activities..... **GFEET**

7. TOTAL CAPITAL EXPENSES

Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property..... **CEAMT**

* Questions marked by “*” will be treated as confidential and not released without written permission. AHA will however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association.

For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box ☐

The state/metropolitan/regional associations and CHA may not release these data without written permission from the hospital.

CHA YES

CHAYN

G. INFORMATION TECHNOLOGY AND CYBERSECURITY

1. *INFORMATION TECHNOLOGY AND CYBERSECURITY

If you are part of larger health system, report the overall system cyber budget and related numbers, unless each hospital in the system has their own independent cyber budget.

a. *Overall IT Budget	<input type="text" value="ITEXPA"/>
b. *Number of internal IT staff (in FTEs)	<input type="text" value="ITFTE"/>
c. *What percent of your IT budget is spent on cybersecurity?	<input type="text" value="ITBGPCT"/>
d. *Number of internal staff devoted to cybersecurity (in FTEs)	<input type="text" value="ITDSTF"/>
e. *Number of outsourced staff devoted to cybersecurity (in FTEs)	<input type="text" value="CSFTE"/>

f. *What position does your cybersecurity lead report to?

☐ Chief Executive Officer 1 ☐ Chief Information Officer 2 ☐ Chief Financial Officer 3

☐ Chief Operating Officer 4 ☐ Chief Legal/Compliance Officer 5 ☐ Chief Risk Officer 6 ☐ Other, please specify 7

g. *Does your organization rank cybersecurity as an enterprise risk issue?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="ITRKN"/>
1. *If so, what priority number to rank it as?	<input type="text" value="ITPRNK"/>
2. *If no, is cybersecurity considered an enterprise risk issue?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="ITCYRK"/>

h. *How often is cybersecurity briefed to the board?

☐ Quarterly ☐ Semi-annual ☐ Yearly ☐ Never ☐ Other

i. *What do you view as your biggest cybersecurity threat? (Please rank the choices 1-10, with 1 being the biggest threat) (Please do not duplicate your rankings)	
1. Ransomware which may disrupt and delay patient care delivery.....	<input type="text" value="RANWAR"/>
2. Ransomware which may disrupt business operations	<input type="text" value="RNWARD"/>
3. Theft of sensitive patient data such as Protected Health Information (PHI), Personally identifiable Information (PII)	<input type="text" value="RNPHI"/>
4. Theft of medical research or intellectual property	<input type="text" value="RNTHF"/>
5. Cyber risk exposure through business associates. Business associate as conduit for cyber-attacks or theft of your data stored by third parties.	<input type="text" value="CYBAT"/>
6. Technology supply chain cyber risk	<input type="text" value="SOFTRK"/>
7. Other supply chain risk (e.g. blood supply, medical supplies)	<input type="text" value="OTSPRK"/>
8. Medical device cyber risk	<input type="text" value="CYRKMD"/>
9. Phishing emails or other social engineering attacks which may result in the delivery of malware or ransomware into the organization.	<input type="text" value="PHISH"/>
10. Phishing emails or other social engineering attacks which may result in the theft of funds	<input type="text" value="EPHISH"/>

j. *What do you feel your largest cybersecurity challenges are in defending against threats in 1i? (Please rank the choices 1-8, with 1 being the biggest challenge)		
1. Recruitment and retention of cybersecurity professionals		CYBPRO
2. Funding		CYBFUN
3. Technology		CYTECH
4. Leadership support		CYLEAD
5. Staff support		CYSTAF
6. Government support (explain in other option below)		CYBGOV
7. Lack of cyber threat information sharing		CYINFO
8. Other DEFOTH		CYODTH

k. *Does your organization use any of the following cybersecurity techniques? (Check yes or no)	
1. Enterprise-wide multi-factor authentication for all remote access to networks, data and applications	Yes <input type="checkbox"/> No <input type="checkbox"/> CYTENP
2. Network segmentation	Yes <input type="checkbox"/> No <input type="checkbox"/> CYNET
3. Offline, network segmented, redundant network and data back ups	Yes <input type="checkbox"/> No <input type="checkbox"/> CYOFF
4. Immutable backups	Yes <input type="checkbox"/> No <input type="checkbox"/> CYIBK
5. Intrusion detection systems	Yes <input type="checkbox"/> No <input type="checkbox"/> CYIDS
6. Employee cybersecurity education including phishing email simulations	Yes <input type="checkbox"/> No <input type="checkbox"/> CYEMP
7. 24/7 Security Operations Center (SOC) monitoring all cyber incidents and events	Yes <input type="checkbox"/> No <input type="checkbox"/> CYSOC
8. Highly efficient and effective patch management program	Yes <input type="checkbox"/> No <input type="checkbox"/> CYPMP
9. Forced password change every 90 days or less	Yes <input type="checkbox"/> No <input type="checkbox"/> CYFPW
10. Integration of cyber incident response plans with emergency management plans	Yes <input type="checkbox"/> No <input type="checkbox"/> CYEMER
11. Cross function cyber incident response exercise for all leaders	Yes <input type="checkbox"/> No <input type="checkbox"/> CYLED
12. Relationship with local FBI and CISA offices	Yes <input type="checkbox"/> No <input type="checkbox"/> CYFBI
13. Third Party Risk Management Program which assesses business associate access to networks and bulk sensitive data; mission criticality and life criticality of third party	Yes <input type="checkbox"/> No <input type="checkbox"/> CYTHRD

l. *How confident are you in the organization's ability to sustain care delivery through manual downtime procedures for up to four weeks, without the benefit of network and internet connected technology? **DTIME**

☐ Confident ☐ Somewhat confident ☐ Uncertain ☐ Somewhat not confident ☐ Not confident

m. * What do you view as your biggest challenges in improving your organization's cybersecurity posture? (Please rank the choices 1-6, with 1 being the biggest challenge)

1. POSFND Funding
2. POSTF Staffing
3. POSLIT Legacy insecure technology
4. POSUP Leadership support
5. POSCUL Organizational culture
6. POSTHR Non-compliant third parties/business associates

2. ARTIFICIAL INTELLIGENCE

Artificial Intelligence (AI) encompasses a broad range of technologies that enable machines to simulate human intelligence and perform tasks that typically require human cognitive abilities. For the purposes of the following survey questions, please consider AI to include any of the technologies below when answering the questions.

- **Artificial Intelligence (AI):** The use of computer systems to perform tasks that typically require human intelligence, such as decision-making, pattern recognition, and learning.
- **Generative AI (gen-AI):** AI systems that generate new content, such as text, images, or data, based on learned patterns.
- **Machine Learning (ML):** A subset of AI where computer systems improve their performance over time through experience (data) without explicit programming.
- **Robotic Process Automation (RPA):** The automation of repetitive tasks using software robots, often in administrative functions.
- **Natural Language Processing (NLP):** A branch of AI focused on enabling machines to understand and respond to human language, applied in areas such as text analysis, medical documentation, and chatbots.
- **Computer Vision:** A branch of AI that enables machines to interpret and make decisions based on visual inputs like medical images, used in diagnostics and imaging.

a. How would you describe your hospital's current level of AI implementation in the following clinical areas?						
Note: RETURNS ARE NOTED IN GREEN						
	(1) Not Implementing	(2) Exploring	(3) Piloting/Testing	(4) Expanding	(5) Fully Integrated	(0) Don't Know
1. AI-assisted diagnostics (including imaging & early detection) <u>DIAGAI</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Predictive analytics for patient care (including outcomes & deterioration) <u>PAPCAI</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical decision support tools <u>CLINAI</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. AI-assisted surgery <u>SURGA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. AI-powered patient communication and education <u>PCOEAI</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. AI-driven population health management <u>POPHA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Predictive models for resource allocation during emergencies <u>PDMRAI</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other <u>CLNOA</u> , <u>CLNOA- DT</u> please specify: <u>OTHCLN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. How would you describe your hospital's current level of AI implementation in the following operational areas?

Note: RETURNS ARE NOTED IN GREEN

	(1) Not Implementing	(2) Exploring	(3) Piloting/Testing	(4) Expanding	(5) Fully Integrated	(6) Don't Know
1. Revenue cycle management (e.g., billing, claims processing) AIREVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supply chain optimization AISCOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff scheduling and workforce management AISSWM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Patient flow and demand forecasting AIPATD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Optimizing operational efficiency AIOPEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other AITIOT please specify: OTHAIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Has your hospital encountered the following challenges in implementing AI in clinical or operational areas?

	Yes	No	
1. Cost and resource requirements	<input type="checkbox"/>	<input type="checkbox"/>	CORRAI
2. Staff training and upskilling	<input type="checkbox"/>	<input type="checkbox"/>	STUPAI
3. Data integration and interoperability	<input type="checkbox"/>	<input type="checkbox"/>	DATAAI
4. Regulatory compliance and safety concerns	<input type="checkbox"/>	<input type="checkbox"/>	REGAI
5. Patient trust and acceptance	<input type="checkbox"/>	<input type="checkbox"/>	PTAAI
6. Other, please specify: OTHCOP	<input type="checkbox"/>	<input type="checkbox"/>	CLOPAI

* Questions marked by “*” will be treated as confidential and not released without written permission. AHA will however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association.

For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box ☐

The state/metropolitan/regional associations and CHA may not release these data without written permission from the hospital.

H. TOTAL FACILITY STAFFING

1. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility **payroll at the end of your reporting period**. Include members of religious orders for whom dollar equivalents were reported. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Exclude physicians and dentists who are paid on a fee basis.

- **FTE** is the total number of hours **worked** (excluding non-worked hours such as PTO, etc.) by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period.
 - For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees).
 - The FTE calculation for a specific occupational category should be based on the number of hours worked by staff employed in that specific category.

For each occupational category, please report the number of staff vacancies as of the last day of your reporting period.

A vacancy is defined as a budgeted staff position which is unfilled as of the last day of the reporting period and for which the hospital is actively seeking either a full-time or part-time permanent replacement. Personnel who work in more than one area should be included only in the category of their **primary responsibility and should be counted only once.**

	(1) Full-Time (35 hr/wk or more) On Payroll (Headcount)	(2) Part-Time (Less than 35hr/wk) On Payroll (Headcount)	(3) FTE	(4) Vacancies (Headcount)
a. Physicians	<input type="text" value="FTPHYA"/>	<input type="text" value="PTPHYA"/>	<input type="text" value="FTEDOC"/>	<input type="text" value="VDOC"/>
b. Dentists.....	<input type="text" value="FTDENA"/>	<input type="text" value="PTDENA"/>	<input type="text" value="FTEDEN"/>	<input type="text" value="VDEN"/>
c. Medical residents/interns.....	<input type="text" value="FTMRES"/>	<input type="text" value="PTMRES"/>	<input type="text" value="FTEMR"/>	<input type="text" value="VMRES"/>
d. Dental residents/interns.....	<input type="text" value="FTDRES"/>	<input type="text" value="PTDRES"/>	<input type="text" value="FTEDR"/>	<input type="text" value="VDRES"/>
e. Other trainees.....	<input type="text" value="FTTRNA"/>	<input type="text" value="PTTRNA"/>	<input type="text" value="FTET"/>	<input type="text" value="VTRN"/>
f. Registered nurses.....	<input type="text" value="FTRNA"/>	<input type="text" value="PTRNA"/>	<input type="text" value="FTEN"/>	<input type="text" value="VRN"/>
g. Licensed practical (vocational) nurses.....	<input type="text" value="FTLPNA"/>	<input type="text" value="PTLPNA"/>	<input type="text" value="FTEP"/>	<input type="text" value="VLPN"/>
h. Nursing assistive personnel (FTAST & PTAST in export)	<input type="text" value="FTASTA"/>	<input type="text" value="PTASTA"/>	<input type="text" value="FTEAP"/>	<input type="text" value="VAST"/>
i. Radiology technicians.....	<input type="text" value="FTRADA"/>	<input type="text" value="PTRADA"/>	<input type="text" value="FTERAD"/>	<input type="text" value="VRAD"/>
j. Laboratory technicians.....	<input type="text" value="FTLABA"/>	<input type="text" value="PTLABA"/>	<input type="text" value="FTELAB"/>	<input type="text" value="VLAB"/>
k. Pharmacists, licensed.....	<input type="text" value="FTPHRA"/>	<input type="text" value="PTPHRA"/>	<input type="text" value="FTEPH"/>	<input type="text" value="VPHR"/>
l. Pharmacy technicians.....	<input type="text" value="FTPHTA"/>	<input type="text" value="PTPHTA"/>	<input type="text" value="FTEPHT"/>	<input type="text" value="VPHT"/>
m. Respiratory therapists (FTRESPA & PTRESPA in export)	<input type="text" value="FTRSPA"/>	<input type="text" value="PTRSPA"/>	<input type="text" value="FTERESP"/>	<input type="text" value="VRSP"/>
n. All other personnel.....	<input type="text" value="FTOTHA"/>	<input type="text" value="PTOTHA"/>	<input type="text" value="FTEO"/>	<input type="text" value="VOTHL"/>
o. Total facility personnel (add 1a through 1n)	<input type="text" value="FTTLA"/>	<input type="text" value="PTTLA"/>	<input type="text" value="FTETF"/>	<input type="text" value="VTOTL"/>
(Total facility personnel (a-o) should include hospital and nursing home type unit/facility, if applicable. Nursing home type unit/facility personnel should also be reported separately in 1p and 1q.)				
p. Nursing home type unit/facility registered nurses.....	<input type="text" value="FTRNLT"/>	<input type="text" value="PTRNLT"/>	<input type="text" value="FTERNLT"/>	<input type="text" value="VRNH"/>
q. Total nursing home type unit/facility personnel...	<input type="text" value="FTLLA"/>	<input type="text" value="PTLLA"/>	<input type="text" value="FTEU"/>	<input type="text" value="VTNH"/>

H. TOTAL FACILITY STAFFING cont.

r. Please report the FTE's for the following staffing below: Staffing included below should be on the HOSPITAL's payroll.		FTE
1. Therapy Roles (OT/PT/Speech)		FTESPC
2. Virtual nurses		FTEVRN
3. Psychiatrists		FTEPSY
4. Psychologists		FTEPLG
5. Social Workers		FTESOC
6. Counselors		FTECON
7. Case Managers		FTECM
8. Community Health Workers		FTECHW
9. Peer Support Specialists		FTEPSS
10. Tech Roles		FTETR
11. Administrative and Billing Support Staff		FTESTF
12. Certified Registered Nurse Anesthetists		FTECRN
13. Clinical Nurse Specialists		FTECNS
14. Physician Assistants		FTEPA
15. Nurse Practitioners		FTENP
16. Certified Nurse-Midwives		FTEMID
17. Clinical Pharmacist Practitioner		FTECPP

s. How much clinician time is being spent on administrative tasks, i.e. billing/prior auth/RCM? (Please report in FTEs)	FTERCM
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t. For your medical residents/interns reported above (H.1c, Column 1) please indicate the number of full-time on payroll by specialty.	Full-Time (35 hr/wk or more) On Payroll
1. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics)	PCMRES
2. Other specialties	OTHPCR

2. ADVANCED PRACTICE PROVIDERS

- a. Do Advanced Practice Providers, provide care for patients in your hospital? (If no, please skip to 3)? **APRN** ... YES ☐ NO ☐
- b. If yes, please report the number of FTE for Advanced Practice Nurses and Physician Assistants (PAs) who provide care for patients in your hospital for each of the following services:

	(1) AP Registered Nurses FTE	(2) Physician Assistants FTE
1. Internal Medicine/Hospitalist	FTEIMA	FTEIMP
2. Anesthesia services	FTECRA	FTECRP
3. Emergency department care	FTEERA	FTEERP
4. Other specialty care	FTESCA	FTESCP
5. Patient education	FTEPEA	FTEPEP
6. Case management	FTECMA	FTECMP
7. OB/GYN	FTEOBA	FTEOBP
8. Orthopedics	FTEORA	FTEORP
9. Oncology	FTEONA	FTEONP
10. Neurology	FTENEA	FTENEP
11. Psychology	FTEPYA	FTEPYP
12. Cardiology	FTECAA	FTECAP
13. Palliative Care	FTEPAA	FTEPAP
14. Other (please specify): ADVOTH	FTEAPO	FTEAPP

3. CONTRACTED STAFF

Please report the number of contracted FTEs for each occupational category (not on hospital payroll). Personnel that are on the hospital's payroll and reported in H1 (Staffing) **should not** be reported here.

	CONTRACTED FTES
a. Registered nurses	CRNFTE
b. Radiology technicians	RADFTE
c. Laboratory technicians	LABFTE
d. Pharmacists licensed	PHAFTE
e. Pharmacy technicians	TECFTE
f. Respiratory therapists	RTTFTE
g. Contracted Physicians	CPHFTE
h. All other contracted staff	CTFTE

4. PRIVILEGED PHYSICIANS HSP

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital. The sum of the physicians reported in 4a-4i should equal the total number of privileged physicians (4j) in the hospital.

	(1) Total Employed	(2) Total Individual Contract	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged(add columns 1-4)
a. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	TECAR	TCCAR	TGCAR	NECAR	TPCAR
b. Obstetrics/gynecology	TEOB	TCOB	TGOB	NEOB	TPOB
c. Emergency medicine	TEMER	TCMER	TGMER	NEMER	TPMER
d. Hospitalist	TEHSP	TCHSP	TGHSP	NEHSP	TPHSP
e. Intensivist	TEINT	TCINT	TGINT	NEINT	TPINT
f. Radiologist	TERAD	TCRAD	TGRAD	NERAD	TPRAD
g. Pathologist	TEPAT	TCPAT	TGPAT	NEPAT	TPPAT
h. Anesthesiologist	TEANS	TCANS	TGANS	NEANS	TPANS
i. Other specialist	TEOTH	TCOTH	TGOTH	NEOTH	TPOTH
j. Total (add 4a-4i)	TETOT	TCTOT	TGTOT	NETOT	TPRTOT

5. HOSPITALISTS

- a. Do hospitalists provide care for patients in your hospital? (if no, please skip to 6) **HSPTL** YES ☐ NO ☐ (if yes, please report in E.5b.)
- b. If yes, please report the total number of full-time equivalents (FTE) hospitalists.....FTE **FTEHSP** **HSPFTE – export label**

6. INTENSIVISTS

- a. Do intensivists provide care for patients in your hospital? (If no, please skip to 7.) YES ☐ NO ☐ **INTCAR** (if yes, please report in E.6b.)
- b. If yes, please report the total number of FTE intensivists and assign them to the following areas. Please indicate whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

	FTE	Closed to Intensivists
1. Medical-surgical intensive care	FTEMSI	CLSMSI
2. Cardiac intensive care	FTECIC	CLSCIC
3. Neonatal intensive care	FTENIC	CLSNIC
4. Pediatric intensive care	FTEPIC	CLSPIC
5. Other intensive care	FTEOIC	CLSOIC
6. Total	FTEINT	

7. FOREIGN EDUCATED STAFF

- a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2024 vs. 2023?
More ☐ Less ☐ Same ☐ Did not hire foreign nurses ☐ **FORNRS**
- b. From which countries/continents are you recruiting foreign-educated nurses? (Check all that apply)
Africa ☐ **AFRICA** South Korea ☐ **KOREA** Canada ☐ **CANADA** Philippines ☐ **PH** China ☐ **CHINA** India ☐ **INDIA** Other ☐ **OFRNRS**
- c. How many international medical graduates are providing care in your hospital? **IMGTOT**

8. WORKFORCE

a. How is your hospital incorporating workforce as part of the strategic planning process: (Check all that apply)	
1. Conduct needs assessment	<input type="checkbox"/> WFSTA
2. Leadership succession planning	<input type="checkbox"/> WFSTB
3. Talent development plan	<input type="checkbox"/> WFSTC
4. Recruitment & retention planning	<input type="checkbox"/> WFSTD
5. Partnerships with elementary/HS to develop interest in health care careers	<input type="checkbox"/> WFSTE
6. Training program partnership with community colleges, vocational training programs	<input type="checkbox"/> WFSTF
7. Well-being programs (peer support, well-being measurement, team efficiency efforts)	<input type="checkbox"/> WFSTH
8. Workplace violence/de-escalation trainings/programming	<input type="checkbox"/> WFSTI
9. Benefits such as tuition reimbursement	<input type="checkbox"/> WFSTJ
10. Transition to practice programs	<input type="checkbox"/> WFSTK
11. Support for ongoing professional development for clinical staff	<input type="checkbox"/> WFSTL
12. Support for ongoing development for non-clinical staff	<input type="checkbox"/> WFSTM
13. None of the above	<input type="checkbox"/> WFSTG

b. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools? ☐ RNSCH

