

**SUBJECT:** 2024 AHA Annual Survey of Hospitals

**FROM:** Ellen Nixon, Survey Center Manager

**TO:** State Data Coordinator

**DATE:** January 2025

We solicit your assistance and offer our support as we move forward to collect data for the 2024 AHA Annual Survey and compile the state hospital information files that include the 2024 hospital fiscal year information.

Our 2024 survey will launch on our refreshed survey platform. This platform has been updated to create a more streamlined and user-friendly submission process.

In return for your agreement to collaborate with us in this effort, we offer you the following:

* An interactive 2024 AHA Annual Survey online survey system with the option to include a state specific supplement.
* Complimentary copy of the *AHA Guide®* and *Hospital Statistics™.*
* Complimentary copy of your state’s subset including confidential fields.

In return, we ask that you assist us by agreeing to the following:

* **Participate in the survey distribution**, ensuring that the Annual Survey information is sent to all hospitals in your state according to the AHA mailing schedule. For this purpose, we will provide information that will allow hospitals in your state to participate in the online survey. This includes an overview of the online tool and process, a statement of advantages and benefits along with other materials needed for the mailing.
* **Encourage hospitals to submit survey in a timely manner**, through the online survey tool. Routinely contact hospitals in your state that have not submitted data. Our goal is to receive data from a minimum 70% of all U.S. hospitals.
* **Through the online survey, review the information submitted by your hospitals**, and where necessary, contact hospitals to verify responses.
* **Provide us with a contact person in your organization** that will work with us throughout this process. We will routinely share information on response status and any other pertinent information as we work to complete the 2024/2025 Annual Survey data file.

Please respond with your agreement to participate by signing the attached form and return it by February 3, 2025. The signed agreement can be returned by email to surveysupport@aha.org.

We will provide a list of milestone dates for the entire collection process and work with you to develop a detailed timeline that will satisfy the needs of all cooperating parties. Upon receipt of your response, you will receive your to access the survey system and instructions on entering the optional state supplement.

If you have any questions or would like to discuss other options on how you can collaborate with us to collect the 2024 AHA Annual Survey data, please feel free to contact me at esingh@aha.org. Thank you for your cooperation. We look forward to working with you.

# 2024 AHA ANNUAL SURVEY AGREEMENT TO PARTICIPATE

I/we agree to collaborate with the American Hospital Association/Health Forum in the 2024 Annual Survey collection process. Yes [ ]  No [ ]

We agree to maintain the confidentiality of all revenue data, not to use data for audit or regulatory purpose and to release this data only with written permission of the hospital, except in cases where this data is required by statute or regulation.

Yes [ ]  No [ ]

# \* Will you include an optional state supplement as a component of the online survey system?

# Yes [ ]  No [ ]

**\* Does your state mandate by law the completion of the AHA Annual Survey?**

 **Yes** [ ]  **No** [ ]

**Approval of Agreement**

*(Signature acknowledges that you have reviewed and have agreed to the terms of this options agreement, which is incorporated by reference.)*

Organization Name (please print) Title

 ( \_ ) Authorized Signature Telephone Number Email Address

***If another organization will be part of this agreement, please provide the information and signatures below.***

***Please give a brief description of the relationship and the collection arrangement.***

Organization Name (please print) Title

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| --- | --- | --- |
|   | ( \_ )  |   |
| Authorized Signature | Telephone Number | Email Address |

Please provide the name, telephone number and email address of the designated contact person in your organization that will work with us throughout this process. We will routinely share information on response status and any other pertinent information as we work to complete the 2024Annual Survey data file.

Name (please print) Title

( \_ ) Telephone Number Email Address