



# Floyd Valley Healthcare dba/Floyd Valley Healthcare Community Health Needs Assessment and Health Implementation Plan Summary FY 2019 *(Utilizing 2017-18 Data)*

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## COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

In 2017, Floyd Valley Healthcare working together with the Plymouth County Health Planning Committee, conducted and completed a Community Health Needs Assessment (CHNA) to adopt an implementation strategy to meet the community health needs identified through the assessment. A summary of the assessment follows. The complete Floyd Valley Community Health Needs Assessment can be found at [www.floydvalley.org](http://www.floydvalley.org).

## PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT

To provide information from local residents regarding:

- Demographics of Respondents
- Utilization of Local Health Services
- Factors that were important for health and well-being of Plymouth County Residents
- Meets IRS Requirement for 990 Charitable Status

## KEY COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

- Promote Healthy Living through increased awareness of Mental Health illness and resources.
- Promote Injury prevention by focusing on intentional injuries (Violent, abusive behaviors and suicide).
- Promote the spread of epidemics through child and adult immunization/vaccination rates and surveillance.

## COMMUNITY NEEDS

- Increase access to Mental Health Resources.
- Increase education and resources for injury prevention focusing on intentional injuries (Violent, abusive behaviors and suicide).
- Reminder systems and strategies for increasing Childhood and Adult vaccination rates.

## IMPLEMENTATION PLAN

- 1. Promote Healthy Living through increased awareness of Mental Health illness and resources.**
  - a) Align with our community partners in health promotion strategies, to include implementing health-enhancing public policy , creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health.
  
- 2. Promote injury prevention by focusing on intentional injuries (Violent, abusive behaviors and suicide).**
  - a) Coordinate and support the implementation of effective programs by clinical and community preventive service providers to promote wellness, build resilience and prevent behaviors by focusing on violence prevention across the lifespan (i.e. child maltreatment, intimate partner violence, teen dating violence, sexual violence, suicide prevention, youth violence, gang violence, gun safety and policy, and elder abuse)
  
- 3. Promote the spread of epidemics through child and adult immunization/vaccination rates and surveillance.**
  - a) By increasing community demand for vaccinations
  - b) Through enhancing access to vaccination services
  - c) Enhancing Provider/system-based interventions through the use of technology

### Resources:

- American Public Health Association
- Centers for Disease Control and Prevention
- Minnesota Department of Health Injury and Violence Prevention
- Iowa Behavior Risk Factor Surveillance System
- [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



# Floyd Valley Healthcare

Community Health Needs Assessment and  
Health Implementation Plan Summary FY 2019 *(Utilizing 2017-18 Data)*



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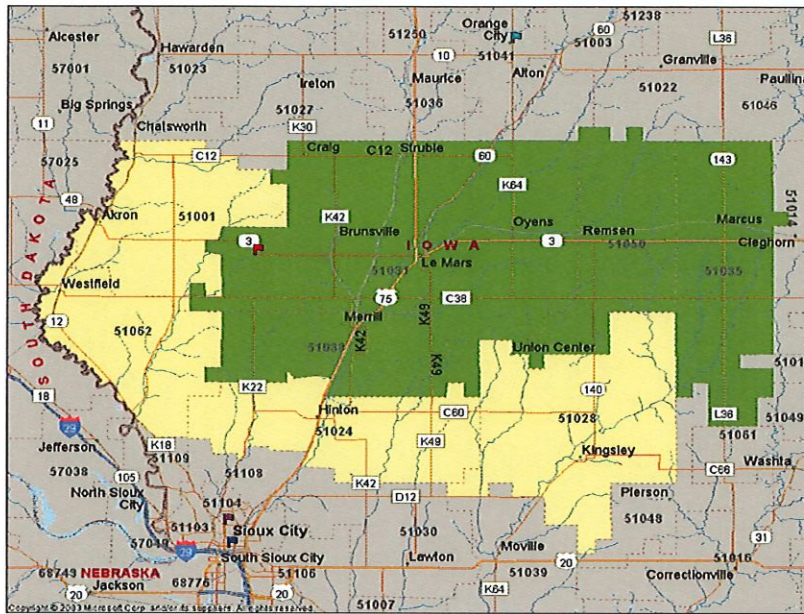
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EXHIBIT A . . . .	Plymouth County Health Needs Assessment Survey
EXHIBIT B.1 . . .	U.S. Census Bureau 2013-2017 Quick Facts
EXHIBIT B.2 . . .	2012 Census of Agriculture – County Profile
EXHIBIT C . . . .	Floyd Valley Healthcare/Services Provided per 2018 AHA Annual Survey
EXHIBIT D . . . .	Plymouth County Health Planning Committee



## SECTION A – INTRODUCTION & DEFINITION OF COMMUNITY SERVED – PRIMARY SERVICE AREA

During 2018, a Community Health Needs Assessment (CHNA) was conducted by Floyd Valley Healthcare for the 25,200 residents of Plymouth County, Iowa. Plymouth County includes its county seat, Le Mars, a town of 9,935 residents located in the Northwest corner of Iowa. Floyd Valley Healthcare is a municipally-owned, state licensed, full-service general acute care, critical access 25-bed hospital located in Le Mars, Iowa.



During the late summer and early fall of 2018 a Community Health Needs Assessment Survey was conducted in Plymouth County. The survey was distributed among Floyd Valley Healthcare Employees and family members, the Plymouth County Health Planning Committee, Floyd Valley Healthcare Board of Trustees and the Plymouth County Board of Health. The survey questions were based on six factors that were recognized as being important for the health and well-being of everyone in the community. A copy of the survey instrument and responses are included at the end of this report.

EXHIBIT A – Plymouth County Health Needs Assessment Survey - 2018.

## SECTION B – DEMOGRAPHICS IN THE COMMUNITY

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### Plymouth County, Iowa Population, Demographics and Statistics

- The total area of the land in Plymouth County is 863.56 square miles. There are on average 28.8 people living within each square mile of the county. In 2000 there were 24,849 people living in the county within 9,372 households (averaging 2.61 people in each household) but by 2009 the population had decreased to 24,210 with an estimated -2.6% change. In 2010-2014 there were 9,900 households in Plymouth County, Iowa with the average household size of 2.5 people. And, in 2013-2017 there were 10,818 households in Plymouth County, Iowa with the average household size of 2.45 people.
- The **average income per person** in 1999 for Plymouth County, IA was \$19,442. By 2007 the income was \$35,562. The average income in each household was \$54,013 in 2008. The median income of households in Plymouth County, Iowa was \$57,583. An estimated of 8% of households had income below \$15,000 a year and 7% had income over \$150,000 or more. The Median Earnings for full-time year-round male workers was \$46,824 and female workers was \$33,522. In 2013 – 2017 the median household income was \$61,316.
- The percentage of **Plymouth County residents living in poverty** in 2008 was 7.3%. In 2010-2014 there were 8% of people in poverty. An estimated 10 percent of related children under 18 were below the poverty level, compared with 6 percent of people 65 years old and over. An estimated 6% of all families and 24% of families with a female householder and no husband present had incomes below the poverty level. In 2013-2017 there were 7.2% of people in poverty.
- In 2009 there were about 10,570 housing units within the county, a change of 690 from 2000 (or about 7.0%). The percentage of housing units that were occupied by the owner in 2000 was 77.5%. The median value of each house was about \$88,200 in the county in 2000. 38 building permits were issued in 2009 totaling \$7,277 (thousands of dollars) in estimated value. In 2010-2014, Plymouth County, Iowa had a total of 10,600 housing units, 6% of which were vacant. Of the total housing units, 88% were in single-unit structures, 8% were in multi-unit structures, and 3 percent were mobile homes. An estimated 23 percent of the housing units were built since 1990. In 2013-2017, Plymouth County, Iowa had a total of 10,818 housing units, of which 79.1% were owner-occupied. The median value of owner-occupied housing units was \$150,200.



## SECTION B – CONTINUED

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- **Le Mars**, home of Floyd Valley Healthcare, is a city in the county seat of Plymouth County, Iowa, United States. The population was 9,826 at the 2010 census. There were 4,013 households, and 2,593 families residing in the city. The population density was 1,096.7 inhabitants per square mile. There were 4,220 housing units at an average density of 471.0 per square mile. The racial makeup of the city was 94.2% White; 0.5% African American, 0.3% Native American; 0.7% Asian; 2.9% from other races, and 1.3% from two or more races. Hispanic or Latino of any race was 5.4% of the population. In 2013-2017 there were 4,169 housing units with 2.31 persons per household. The racial makeup of Le Mars at this time was 93.7% White; 0.8% African American, 0.2% American Indian and Alaska Native; 0.6% Asian; 0.2% Native Hawaiian or other Pacific Islander; 1.9% two or more races.
- In 2007, **Plymouth County, IA jobs** totaled 16,607 across all industries. This was a change of 1,500 jobs from 2000. The number of Plymouth County jobs in government in 2007 was 1,576. Workers traveled an average of 19.1 minutes to work each day. In 2010-2014 Plymouth County, IA jobs totaled 13,181 across all industries. An estimated 80 % of Plymouth County, IA workers drove to work alone and 11 % carpooled. Among those who commuted to work, it took them on average 17 minutes to get to work.
- There were 2,202 businesses in Plymouth County in 2002. These include 20.8% of businesses listed as owned by women, and 0.0% of businesses listed as owned by American Indians and Alaska Natives. In 2010-2014 the Industries providing employment in Plymouth County, Iowa: Agriculture, forestry, fishing and hunting, and mining (43.5%), Educational, health and social services (18.7%). Type of workers: Private wage or salary: 40%; Government: 2%; Self-employed, not incorporated: 58%; Unpaid family work: 0%.
- The amount of land in Plymouth County devoted to farming was 517,248 acres in 2007. In 2012 amount of land in Plymouth County devoted to farming was 541,817 which in a 5% increase from 2007. The average size of farms is 407 acres compared to 359 acres in 2007 which is a 13% change.
- In 2000 3.1% of residents spoke a language other than English at home. The percent of the county's population who were born in a foreign country was 1.2%. Among people at least five years old living in Plymouth County, Iowa in 2010-2014, 5% spoke a language other than English at home. Of those speaking a language other than English at home, 80% spoke Spanish and 20% spoke some other language; 49% reported that they did not speak English “very well”.



## ➤ SECTION B – CONTINUED

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- The percentage of adults in Plymouth County over the age of twenty-five who graduated high school as of 2000 was 87.4%. About 19.3% of county residents held at least a four-year college degree. In 2010-2014, 92% of people 25 years and over had at least graduated from high school and 20% had a bachelor's degree or higher. An estimated 8 percent did not complete high school. The total school enrollment in Plymouth County, Iowa was 6,400 in 2010-2014. Nursery school and kindergarten enrollment was 1,000 and elementary or high school enrollment was 4,400 children. College or graduate school enrollment was 935.
- The number of people in Plymouth County with a disability is 3,134. In Plymouth County, Iowa, among the civilian noninstitutionalized population in 2010-2014, 10% reported a disability. The likelihood of having a disability varied by age – from 3 percent of people under 18 years old, to 7% of people 18 to 64 years old, and to 34% of those 65 and over. In 2013-2017 persons under the age of 65 with a disability was 7.3%
- There were 14,461 civilians working in Plymouth County jobs in 2009. The number unemployed was 630 (or 4.4% of the workforce). In 2010-2014 civilians working in Plymouth County jobs were 28,127; unemployed was 1,373; homemakers were 3,000; and retired were 1,089.

EXHIBIT B.1: 2013-2017 Census Bureau's Quick Facts Report

EXHIBIT B.2: 2012 Census of Agriculture – County Profile

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## SECTION C – EXISTING HEALTHCARE FACILITY & RESOURCES

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Existing health care facilities and resources within the community available to respond to the health needs of the community.

### Medical Clinics

- Floyd Valley Clinics – Le Mars, Marcus and Remsen, Iowa
- Mercy Clinic – Akron, Iowa
- Mercy Clinic – Kingsley, Iowa

### Hospital

- Floyd Valley Healthcare – Le Mars, Iowa (EXHIBIT C – AHA ANNUAL SURVEY 2012)

### COMMUNITY HEALTH DEPARTMENT

- Floyd Valley Healthcare Community Health Department – Le Mars, Iowa

### Long Term Care Facilities

- Accura of Le Mars – Le Mars, Iowa
- Akron Care Center – Akron, Iowa
- Good Samaritan Society of Le Mars – Le Mars, Iowa
- Kingsley Nursing and Rehab Care Center – Kingsley, Iowa
- Happy Siesta Nursing Home – Remsen, Iowa
- Heartland Care Center – Marcus, Iowa
- Plymouth Manor – Le Mars, Iowa

### Assisted Living Centers

- Bavarian Meadows – Remsen, Iowa
- Park Place Estates – Le Mars, Iowa
- Prime Living Apartments – Le Mars, Iowa

### Mental Health Facilities

- Plains Area Mental Health Center – Le Mars, Iowa

### Other

- Mid-Sioux Opportunity – Remsen, Iowa
- Hospice of Siouxland – Sioux City, Iowa
- Care Initiatives – Sioux City, Iowa
- St. Croix Hospice – St. Croix, MN

EXHIBIT C – American Hospital Association Survey 2018 – Services Provided by Floyd Valley Healthcare.

## SECTION D – SURVEY METHODOLOGY/HOW DATA WAS OBTAINED.

During the late summer and early fall of 2018 a Community Health Needs Assessment Survey was conducted in Plymouth County. The survey was distributed among Floyd Valley Healthcare Employees and family members, the Plymouth County Health Planning Committee members, Floyd Valley Healthcare Board of Trustees and the Plymouth County Board of Health. The survey questions were based on six factors that were recognized as being important for the health and well-being of everyone in the community. A copy of the survey instrument and responses are included at the end of this report.

EXHIBIT A – Plymouth County Health Needs Assessment Survey - 2018.

### PRIMARY DATA PURPOSE

The following informational objectives were addressed:

- To access the awareness and overall perceptions of each individuals top five prevention and treatment behaviors to promote healthy living in preventing diseases.
- The idea of services each individual considered important in preventing injuries.
- Services that each individual believed that were most important for their community.

Sample Characteristics	Total Sample (n=141)
<b>GENDER</b>	
Male	16.31%
Female	83.69%
<b>AGE</b>	
18-34	19%
35-44	19%
45-54	24%
55-64	31%
65+	7%
<i>Median Age</i>	<i>55.9 Yrs.</i>
<b>RACE</b>	
White or Caucasian	99%
Black or African American	0%
Hispanic or Latino	.71%
Asian or Asian American	0%
American Indian or Alaska Native	0%



## SECTION D – CONTINUED

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### SECONDARY DATA ANALYSIS

The Secondary data assessment process was initiated by Floyd Valley Healthcare. The Plymouth County Health Planning Committee was authorized by Hospital Leadership to complete this assessment. This committee consists of representatives from hospital governance, leadership, Medical Staff, Plymouth County Board of Health, area school districts, area employers, and area health professionals.

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## SECTION E – KEY FINDINGS/HEALTH NEEDS IDENTIFICATION AND PRIORITIZATION;

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At the October 26, 2018 meeting of the Plymouth County Health Planning committee, Lorrie Mortensen, Chair Person for this group, lead an open discussion on our Plymouth County Community Needs Assessment. An overview was provided on the past community health needs assessment and the continued focus on the importance of identifying and aligning strategies to address health concerns facing the residents of Plymouth County.

The methodology for obtaining Floyd Valley Healthcare's secondary data changed to an electronic survey process with this reporting period. Using the Survey Monkey tool Floyd Valley Healthcare was able to expand the participation to include the members of the Plymouth County Health Planning committee members, all Floyd Valley Healthcare's employees and Providers and Floyd Valley Healthcare's Board of Trustees. A total of 141 participants responded to the Plymouth County Community Needs Assessment survey.

Items ranked by importance include:

1. Promote Healthy living through increased awareness of Mental Health illness and resources.
2. Promote Injury prevention by focusing on intentional injuries (violent, abusive behaviors and suicide).
3. Promote Immunizations: Stop the Spread of Epidemics through child and adult immunization/vaccination rates and surveillance.

The health issues found by the survey were not to be limited to any one economic or demographic category. Differences in health factors align within our county and the state of Iowa. Plymouth County faces the same social and economic factors impacting our communities' ability to make healthy choices, afford medical care or housing, and even manage stress leading to serious health problems.

Plymouth County ranks 19<sup>th</sup> out of the 99 counties in Iowa under the health outcomes category and 11<sup>th</sup> under the health factors category. By using the data obtained through our primary and secondary survey process Floyd Valley Healthcare is now able to align our data, evidence and strategies to improve the three areas of focus listed above.

A key component to risk reduction is individual behavior change. This is a complex issue as individuals have unique preferences that influence their risk. One strategy to impact risk reduction occurs at the population level. These strategies focus on environmental changes that encourage healthful behaviors at a community level. These are many positive prevention programs that are available in Iowa.

EXHIBIT A- Plymouth County Health Needs Assessment Survey – 2018

## SECTION F – PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY'S INTERESTS

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The Plymouth County Health Planning Committee was organized by Floyd Valley Healthcare in 1995. The mission of the Committee is to enhance and improve the health status of all the residents of Plymouth County.

Lorrie Mortensen, Floyd Valley Healthcare Director of Patient Care, chairs the Committee. The Committee meets monthly during the school year term. The Committee is a coalition of community members with representatives from the following populations: healthcare, education, non-profit organizations, businesses, law enforcement, City and County representatives, welfare, agriculture and ministry.

A total of 42 health related organizations are represented including the Boys Town, Big Brothers Big Sisters, Floyd Valley Clinic, Plains Area Mental Health Center, Northwest Iowa Tobacco Free Coalition, Jackson Recovery Centers, Plymouth County Board of Health, and multiple Floyd Valley Healthcare department representatives.

Education representatives include Northwest Iowa Area Education Agency and 5 Plymouth County schools have representatives from their school administration, counseling and student population.

EXHIBIT D – Plymouth County Health Planning Committee

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## SECTION G – INFORMATIONAL GAPS THAT LIMIT THE HOSPITAL FACILITY'S ABILITY TO ASSESS ALL OF THE COMMUNITY'S HEALTH NEEDS

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The Plymouth County Health Planning committee has a long history of coming together to improve the health needs of our community. This prioritization effort is another example of community members working together to make health improvements. Floyd Valley Healthcare appreciates all the voluntary support it has been given.

The 2018 Plymouth County Health Needs Assessment focused on obtaining information from the following categories:

- Promoting Healthy Living
- Preventing Injuries
- Preventing Epidemics
- Protecting Against Environmental Hazards
- Prepare for, Respond to and Recover from Public Health Emergencies
- Strengthen the Health Infrastructure

In discussion regarding the areas of greatest need, the Plymouth County Health Planning Committee felt that existing programs already addressed the problem or need and did not include them in this current plan.

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## SECTION H – CHNA SCOPE AND PURPOSE & MAKING COMMUNITY HEALTH NEEDS ASSESSMENT PUBLIC AND NOTIFYING PUBLIC OF FINANCIAL ASSISTANCE POLICY

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The new federal Patient Protection and Affordable Care Act requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

### 1) Meet/Report IRS 990 Required Documentation

- a. A description of the community served by the facility and how the community was determined;
- b. A description of the process and methods used to conduct the CHNA;
- c. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
- d. A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications;
- e. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
- f. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.



## SECTION H – CONTINUED

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- 2) The Notice provides that a Community Health Needs Assessment (CHNA) will be considered to be “conducted” in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Form 990. Accordingly, an organization would make a facility’s written report widely available by posting the final report on its website either in the form of the report itself, in a readily accessible format, or a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.

*Floyd Valley Healthcare’s Community Health Needs Assessment and Health Implementation Plan is posted on the hospital website at [www.floydvalley.org](http://www.floydvalley.org).*

- 3) Make financial assistance policies widely available, which specifies eligibility criteria for discounted care and how billed amounts are determined for patients.
- 4) Notify patients of financial assistance policies through “reasonable efforts” before initiating various collection actions or reporting accounts to a credit rating agency;
- 5) Restrict charges of uninsured, indigent patients to those amounts generally charged to insured patients.

### ***Floyd Valley Healthcare’s Patient Financial Assistance Program***

*To provide a fair and comprehensive system of financial assistance to patients who are indigent or have limited financial resources, Floyd Valley Healthcare has adopted an Administrative Policy #801 “Patient Financial Assistance Program”. Applications for financial assistance are available in the Business Office at Floyd Valley Healthcare to all patients requesting assistance.*

*The Board of Trustees at Floyd Valley Healthcare on January 10, 2005 endorsed the following six principals adopted in the Iowa Hospital Association Policy Statement on Hospital Billing and Collection Practices.*

- ✓ *All patients, regardless of their ability to pay, will be treated fairly and equitably, and with respect and compassion.*
- ✓ *Necessary health care services will not be denied based on the inability to pay. Floyd Valley Healthcare should clearly communicate this message to prospective patients and to local community service agencies.*



## SECTION H – CONTINUED

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- ✓ *Floyd Valley Healthcare will have written financial aid policies and will provide information on such policies and other known sources of assistance. Floyd Valley Healthcare policies will be clear and understandable, and consistent with the mission of the facility. They should be communicated in a manner that is dignified and in languages appropriate to the communities and patients served.*
- ✓ *Floyd Valley Healthcare financial policies will balance a patient's need for assistance with the hospital's broader fiscal responsibilities to maintain a financially viable organization and continuous service to all its patients.*
- ✓ *Collection practices by both Floyd Valley Healthcare staff and collection agencies hired by the facility will reflect the values of Floyd Valley Healthcare. Floyd Valley Healthcare will refrain from aggressive collection practices such as forcing the sale of foreclosure of a patient primary residence if it is the sole real asset, and will not use body attachment procedures to require a patient to appear in court.*
- ✓ *Floyd Valley Healthcare will place emphasis on discerning financial assistance from bad debt.*
- ✓ *While policies will allow consideration of individual circumstances, financial assistance provided by Floyd Valley Healthcare is not a substitute for personal responsibility. Patients are expected to provide complete and accurate information regarding their financial status and to pay for their care based on their individual ability. In this way, applications for charity care can be accurately assessed, assistance can be managed fairly, and Floyd Valley Healthcare can meet their mission to provide care to all patients.*

The Patient Protection and Affordable Care Act imposes penalties on hospitals that fail to timely conduct their community needs assessments which could include penalties of equal to \$50,000 and possible loss of the organization's tax exempt status. Under the act, the Internal Revenue Service must review the exempt status of hospitals every three years.

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## SECTION I – ADOPTION OF IMPLEMENTATION STRATEGY/PLAN

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1. **Promote Healthy Living through increased awareness of Mental Health illness and resources.** Aligning with our community partners in health promotion strategies, to include implementing health-enhancing public policy, creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health.
  1. Partner with Sioux Rivers Mental Health Team to provide 24-Hour Crisis Intervention support and continue to obtain grant funding for transportation.
  2. Continue partnership with Plains Area Mental Health to provide Mental Health Services with open access appointments and expansion with telemedicine platform.
  3. Screen all Floyd Valley Healthcare patients, 12 years and older, through initial self-harm assessment.
  4. Align with Avera e- Emergency services for support in mental health evaluations and treatment plans.
  
2. **Promote injury prevention by focusing on intentional injuries (Violent, abusive behaviors and suicide).** Coordinating and supporting the implementation of effective programs by clinical and community preventive service providers to promote wellness, build resilience and prevent behaviors by focusing on violence prevention across the lifespan (i.e. child maltreatment, intimate partner violence, teen dating violence, sexual violence, suicide prevention, youth violence, gang violence, gun safety and policy, and elder abuse)
  1. Align with Avera's Zero Suicide new suicide-specific interventions and enhanced the standard suicide-specific interventions. These interventions included screening with the Patient Health Questionnaire-9 (PHQ-9,) suicide risk assessment using the Columbia Suicide Severity Rating Scale (C-SSRS), collaborative safety planning, and lethal means counseling. Educating staff in these standard interventions and clinical workflows.).
  2. Screen all Floyd Valley Healthcare patients, 12 years and older, through initial self-harm assessment.
  3. Continue partnership with Plains Area Mental Health, CAASA, and other partners on the Plymouth County Health Planning Committee.
  4. Provide Active Killer training to employees of Floyd Valley Healthcare.



## SECTION I – CONTINUED

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**3. Promote Immunizations: Stop the Spread of Epidemics through child and adult immunization/vaccination rates and surveillance.**

1. Increase community demand for vaccinations through education available at health fairs, community education programs and Floyd Valley Healthcare internet site, etc.
2. Increase use of Patient Portal using this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.
3. Continue to support access to vaccination services ( i.e. vaccine clinics)
4. Complete Avera Interface with Meditech (EMR) and IRIS and staff training.

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**END**



# EXHIBIT A

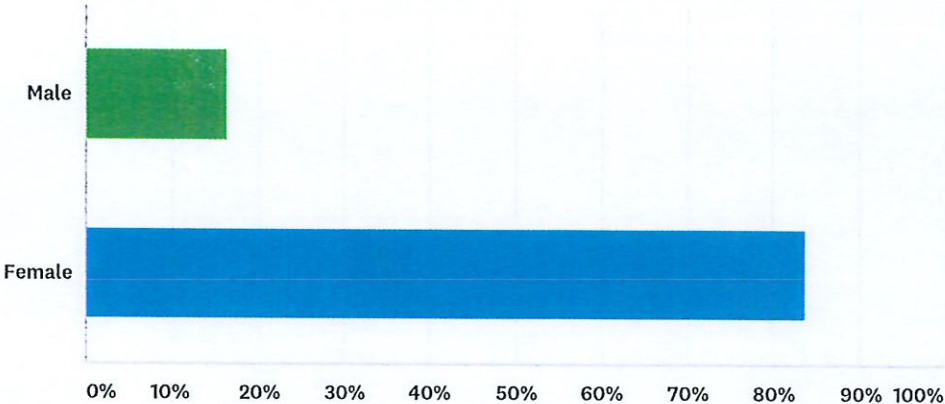
## PLYMOUTH COUNTY HEALTH NEEDS ASSESSMENT SURVEY

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Q1 What is your gender?

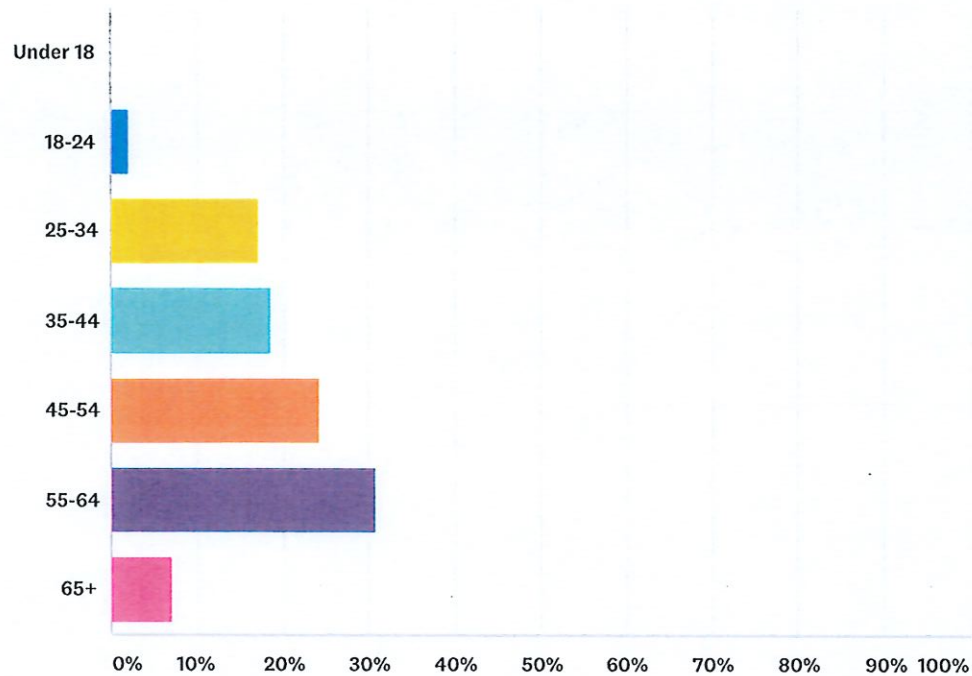
Answered: 141 Skipped: 1



ANSWER CHOICES		RESPONSES	
Male		16.31%	23
Female		83.69%	118
Total Respondents: 141			

## Q2 What is your age?

Answered: 140 Skipped: 2



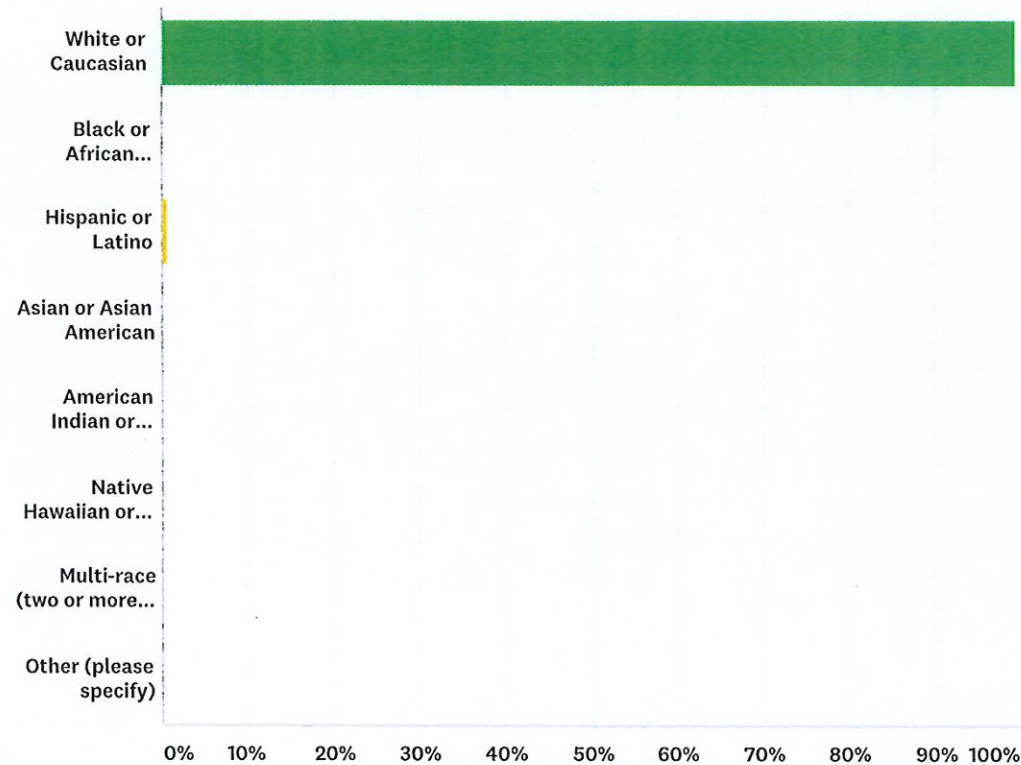
ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	2.14%	3
25-34	17.14%	24
35-44	18.57%	26
45-54	24.29%	34
55-64	30.71%	43
65+	7.14%	10



Total Respondents: 140

### Q3 What is your race?

Answered: 141 Skipped: 1



#### ANSWER CHOICES

#### RESPONSES

White or Caucasian	99.29%	140
Black or African American	0.00%	0
Hispanic or Latino	0.71%	1
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0



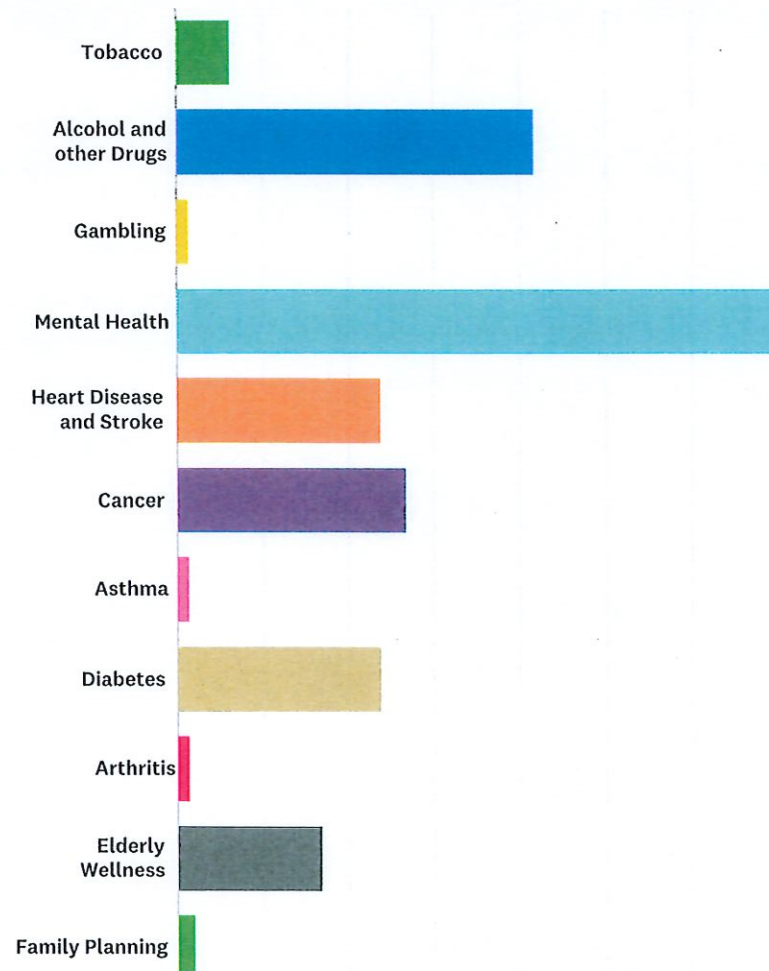
# Plymouth County Health Needs Assessment Survey - 2018

Native Hawaiian or other Pacific Islander	0.00%	0
Multi-race (two or more of the previous)	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 141		

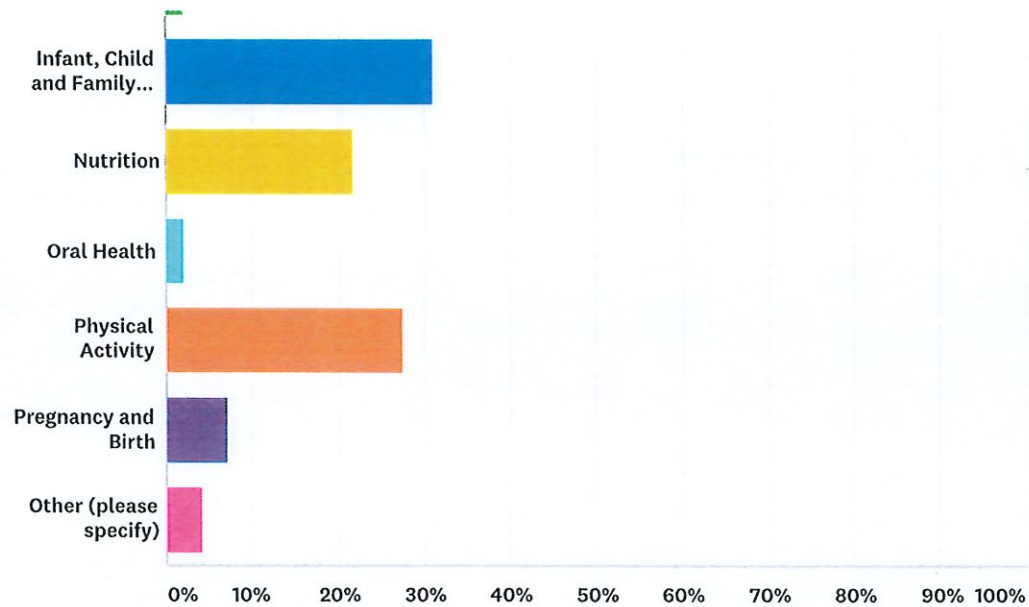
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

**Q4 PROMOTING HEALTHY LIVING:** Includes such health services as the Prevention and Treatment of Addictive Behaviors (Tobacco, Alcohol, other drugs, Gambling) and Chronic Disease (Mental Health, Heart Disease and Stroke, Cancer, Asthma, Diabetes, Arthritis, etc.); Elderly Wellness; Family Planning; Infant, Child & Family Health; Nutrition; Oral Health; Physical Activity; and Pregnancy & Birth. Mark, what you consider to be, the three most important needs.

Answered: 142 Skipped: 0



# Plymouth County Health Needs Assessment Survey - 2018



ANSWER CHOICES	RESPONSES	
Tobacco	6.34%	9
Alcohol and other Drugs	41.55%	59
Gambling	1.41%	2
Mental Health	70.42%	100
Heart Disease and Stroke	23.94%	34
Cancer	26.76%	38
Asthma	1.41%	2
Diabetes	23.94%	34
Arthritis	1.41%	2
Elderly Wellness	16.90%	24
Family Planning	2.11%	3
Infant, Child and Family Health	30.99%	44



# Plymouth County Health Needs Assessment Survey - 2018

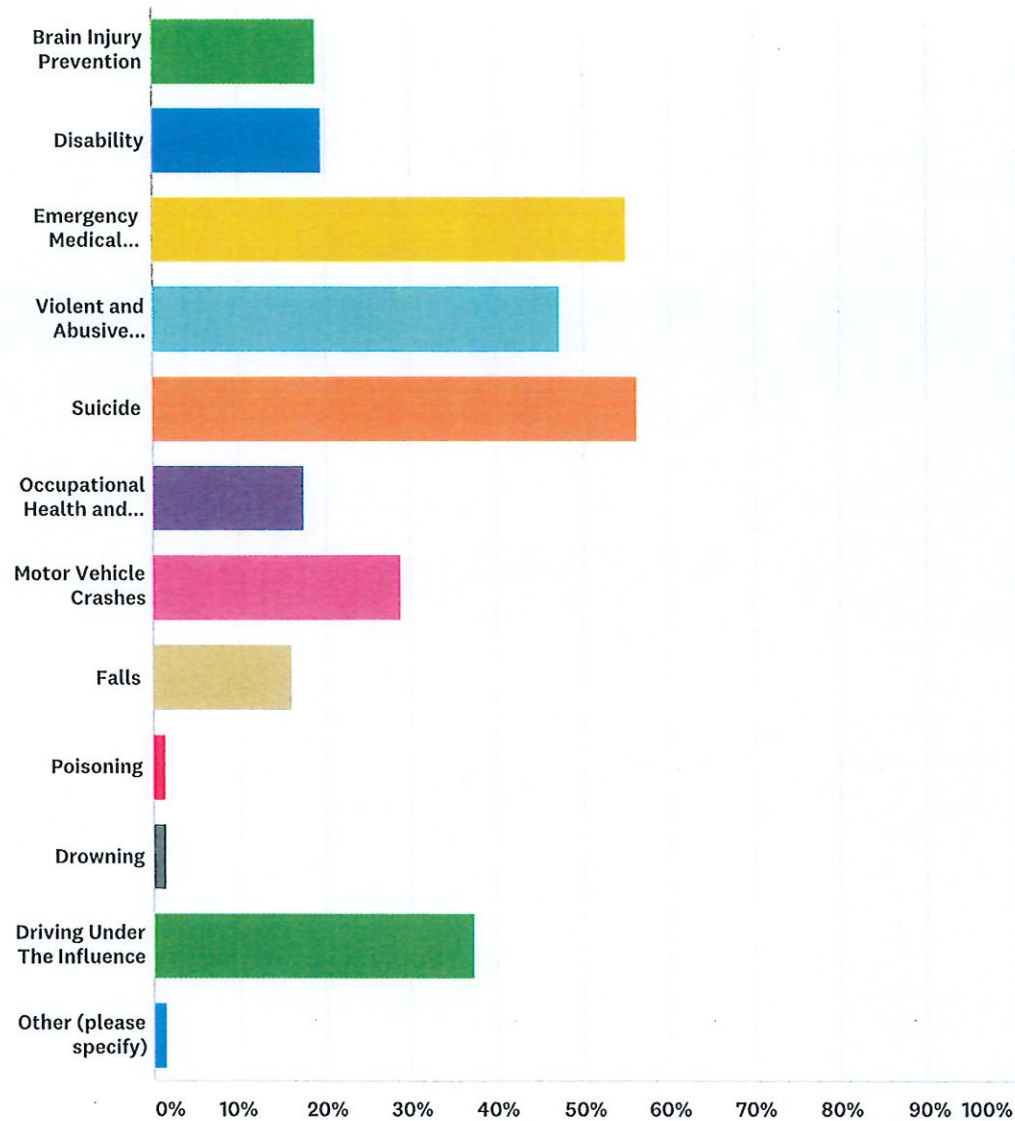
Nutrition	21.83%	31
Oral Health	2.11%	3
Physical Activity	27.46%	39
Pregnancy and Birth	7.04%	10
Other (please specify)	4.23%	6
Total Respondents: 142		

#	OTHER (PLEASE SPECIFY)	DATE
1	Weightloss	1/28/2019 1:08 PM
2	all of the above!!!	1/22/2019 8:15 AM
3	Chronic pain	1/21/2019 8:48 AM
4	Vaping epidemic	1/18/2019 3:03 PM
5	addiction behavior (ecig,tatoo,piercing,mental health,Juul-jewel,alcohol)	1/18/2019 11:25 AM
6	Domestic Violence	1/18/2019 9:20 AM

**Q5 PREVENTING INJURIES:** Includes such services as Brain Injury Prevention, Disability, Emergency Medical Services, Intentional Injuries (Violent & Abusive Behavior, Suicide), Occupational Health & Safety, and Unintentional Injuries (Motor Vehicle Crashes, Falls, Poisoning, Drowning, etc. Mark, what you consider to be, the three most important needs.

Answered: 142   Skipped: 0

# Plymouth County Health Needs Assessment Survey - 2018



## ANSWER CHOICES

Brain Injury Prevention

Disability

## RESPONSES

19.01%

19.72%

27

28



# Plymouth County Health Needs Assessment Survey - 2018

Emergency Medical Services	54.93%	78
Violent and Abusive Behavior	47.18%	67
Suicide	56.34%	80
Occupational Health and Safety	17.61%	25
Motor Vehicle Crashes	28.87%	41
Falls	16.20%	23
Poisoning	1.41%	2
Drowning	1.41%	2
Driving Under The Influence	37.32%	53
Other (please specify)	1.41%	2
Total Respondents: 142		

#	OTHER (PLEASE SPECIFY)
1	Drug abuse
2	opiads

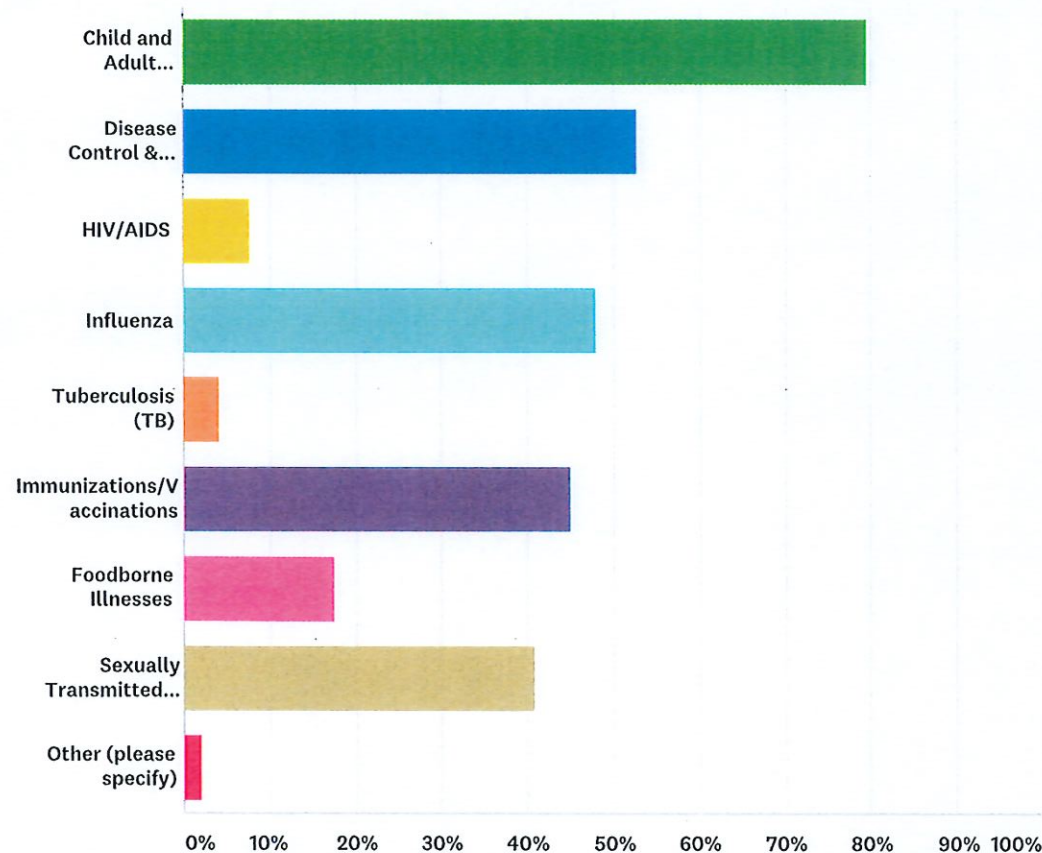
## DATE

1/21/2019 1:29 PM

1/19/2019 8:50 AM

**Q6 PREVENTING EPIDEMICS:** Includes such services as Child and Adult Immunizations/Vaccinations and Surveillance, Foodborne illnesses and Control of Infectious Diseases including: HIV/AIDS, Influenza, Sexually Transmitted Disease (STD), Tuberculosis (TB) and other reportable diseases. Mark, what you consider to be, the three most important needs.

Answered: 142 Skipped: 0



ANSWER CHOICES

RESPONSES

# Plymouth County Health Needs Assessment Survey - 2018

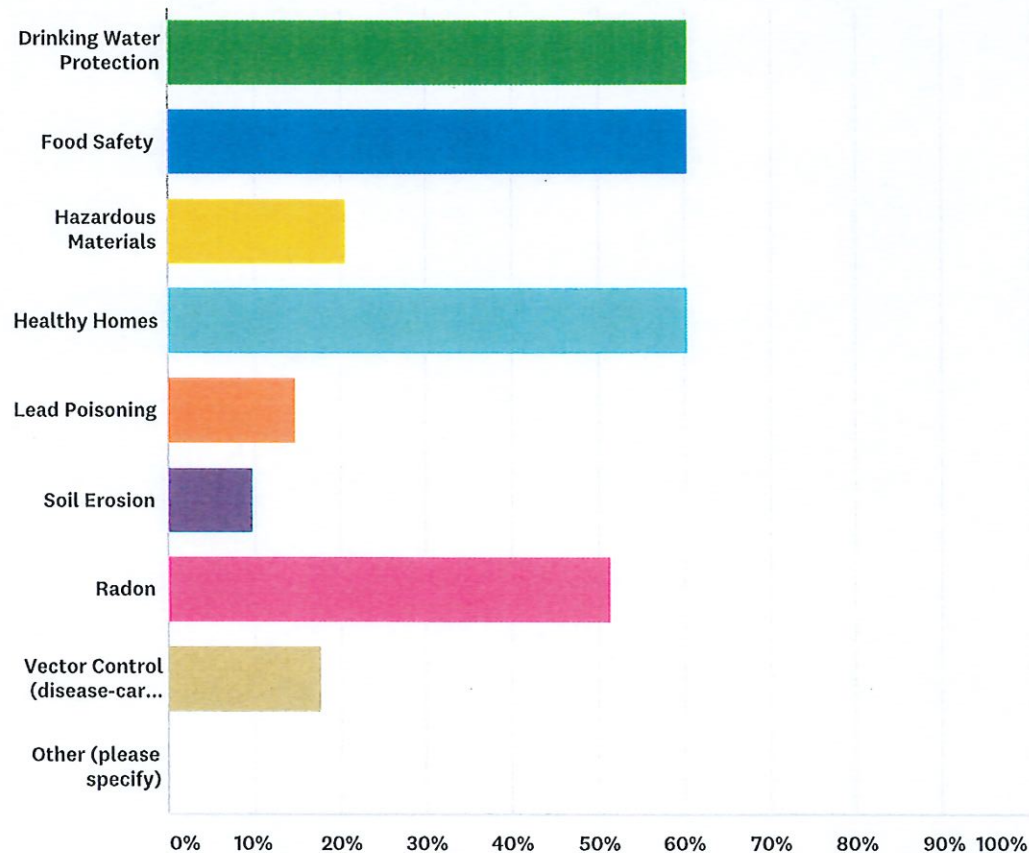
Child and Adult Immunizations/Vaccinations	79.58%	113
Disease Control & Surveillance	52.82%	75
HIV/AIDS	7.75%	11
Influenza	47.89%	68
Tuberculosis (TB)	4.23%	6
Immunizations/Vaccinations	45.07%	64
Foodborne Illnesses	17.61%	25
Sexually Transmitted Disease (STD)	40.85%	58
Other (please specify)	2.11%	3
Total Respondents: 142		

#	OTHER (PLEASE SPECIFY)	DATE
1	cancer epidemiology	1/18/2019 11:25 AM
2	Pertussis	1/18/2019 10:17 AM
3	opioid issues	1/18/2019 9:43 AM



**Q7 PROTECTING AGAINST ENVIRONMENTAL HAZARDS:** Includes such concerns as Drinking Water Protection, Food Safety, Hazardous Materials, Hazardous Waste, Healthy Homes, Lead Poisoning, Radon, Soil Erosion, and Vector Control (disease-carrying animals and insects). Mark, what you consider to be, the three most important needs.

Answered: 101 Skipped: 41



**ANSWER CHOICES**

**RESPONSES**

Drinking Water Protection

60.40%

61

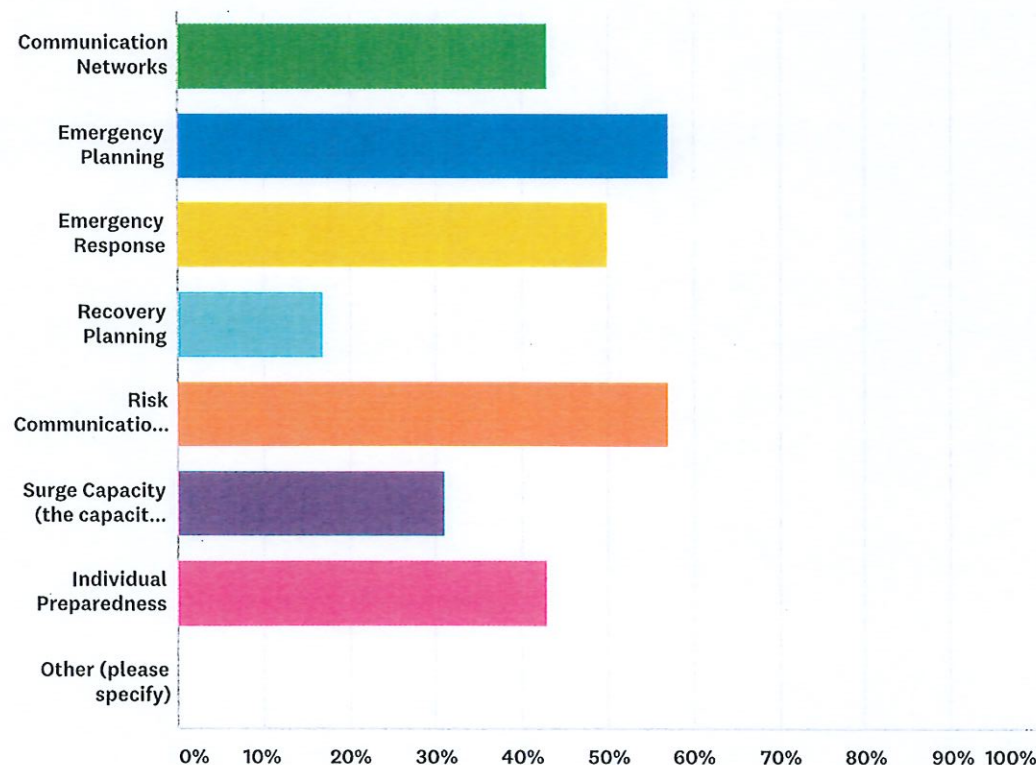
# Plymouth County Health Needs Assessment Survey - 2018

Food Safety	60.40%	61
Hazardous Materials	20.79%	21
Healthy Homes	60.40%	61
Lead Poisoning	14.85%	15
Soil Erosion	9.90%	10
Radon	51.49%	52
Vector Control (disease-carrying animals and insects)	17.82%	18
Other (please specify)	0.00%	0
Total Respondents: 101		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

**Q8 PREPARE FOR, RESPOND TO & RECOVER FROM PUBLIC HEALTH EMERGENCIES:** Includes such concerns as Communication Networks, Emergency Planning, Emergency Response, Individual Preparedness, Recovery Planning, Risk Communication (communication before, during, and after a crisis), and Surge Capacity (the capacity to continue normal duties during emergencies.) Mark, what you consider to be, the three most important needs.

Answered: 142 Skipped: 0



ANSWER CHOICES	RESPONSES	
Communication Networks	42.96%	61



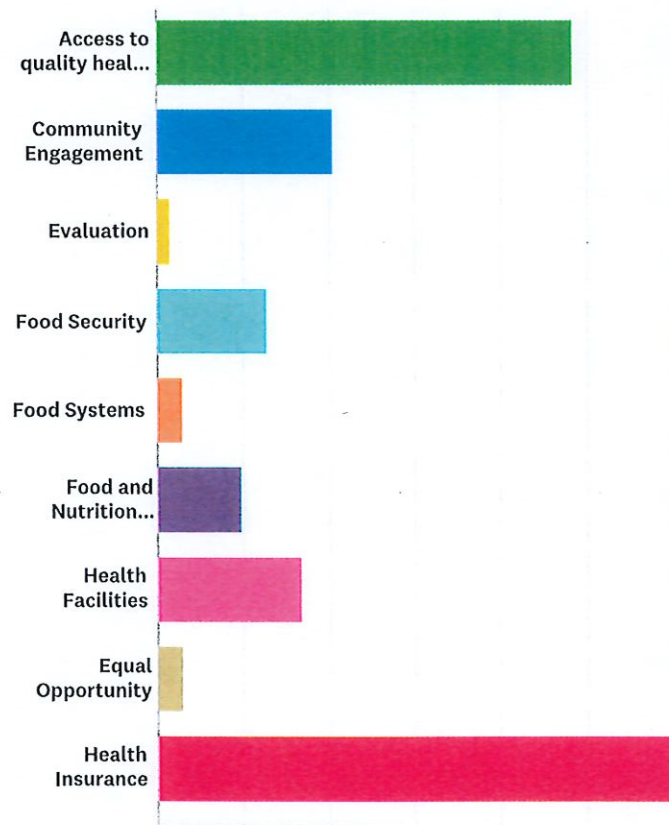
# Plymouth County Health Needs Assessment Survey - 2018

Emergency Planning	57.04%	81
Emergency Response	50.00%	71
Recovery Planning	16.90%	24
Risk Communication (communication before, during, and after a crisis)	57.04%	81
Surge Capacity (the capacity to handle an emergency along with regular services)	30.99%	44
Individual Preparedness	42.96%	61
Other (please specify)	0.00%	0
Total Respondents: 142		

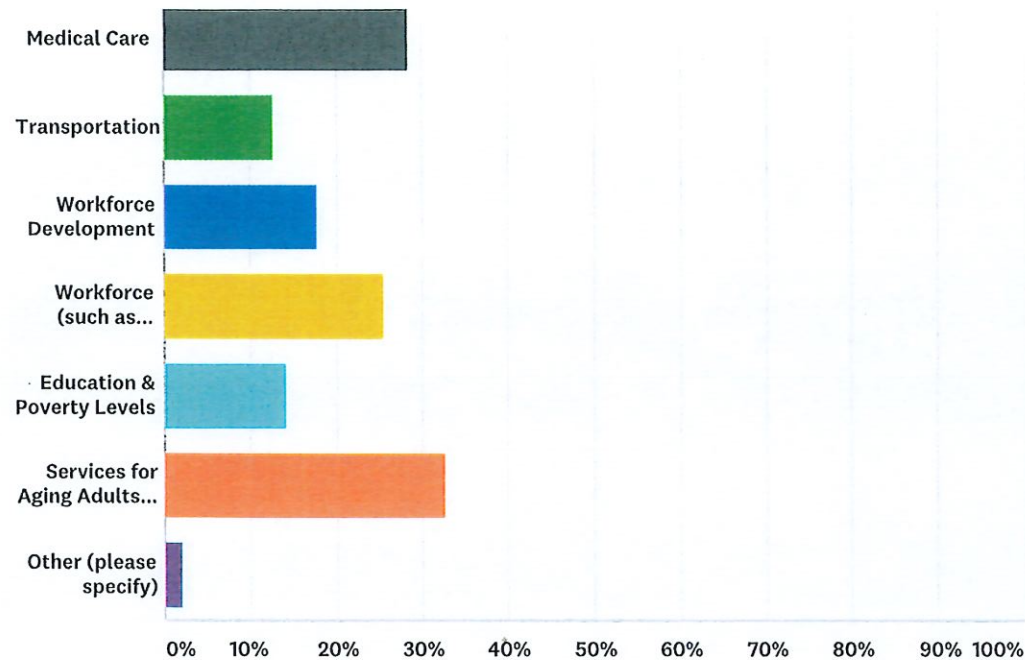
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

**Q9 STRENGTHEN THE HEALTH INFRASTRUCTURE** (the framework to support being healthy): includes topics such as Access to Quality Health Services, Community Engagement, Evaluation, Food Security, Food Systems, Food and Nutrition Assistance (SNAP, WIC), Health Facilities, Health Insurance, Medical Care, Social Determinants (e.g., Education & Poverty Levels), Transportation, and Workforce (e.g., Primary Care, Dental, Mental Health, Public Health), Workforce Development, and an equal opportunity to live a long, healthy life regardless of income, education, or ethnic background. Mark, what you consider to be, the three most important needs.

Answered: 141 Skipped: 1



# Plymouth County Health Needs Assessment Survey - 2018



ANSWER CHOICES	RESPONSES	
Access to quality health services	48.23%	68
Community Engagement	20.57%	29
Evaluation	1.42%	2
Food Security	12.77%	18
Food Systems	2.84%	4
Food and Nutrition Assistance (SNAP, WIC)	9.93%	14
Health Facilities	17.02%	24
Equal Opportunity	2.84%	4
Health Insurance	60.99%	86
Medical Care	28.37%	40
Transportation	12.77%	18



# Plymouth County Health Needs Assessment Survey - 2018

Workforce Development	17.73%	25
Workforce (such as primary care, dental, mental health, public health)	25.53%	36
Education & Poverty Levels	14.18%	20
Services for Aging Adults (Meal Preparation, Homemaker Services, etc.	32.62%	46
Other (please specify)	2.13%	3
Total Respondents: 141		

#	OTHER (PLEASE SPECIFY)	DATE
1	health care directed at non-English speaking	1/22/2019 12:32 PM
2	Dental care availability for low income,XIX in Plymouth County	1/22/2019 10:37 AM
3	Personal Accountability	1/22/2019 6:44 AM



# EXHIBIT B.1

U.S. CENSUS BUREAU 2013-2017

Quick Facts

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## QuickFacts

## Le Mars city, Iowa; Plymouth County, Iowa

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

## Table

All Topics	Le Mars city, Iowa	Plymouth County, Iowa
Population estimates, July 1, 2018, (V2018)	NA	25,095
PEOPLE		
Population		
Population estimates, July 1, 2018, (V2018)	NA	25,095
Population estimates base, April 1, 2010, (V2018)	NA	24,984
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	NA	0.4%
Population, Census, April 1, 2010	9,826	24,986
Age and Sex		
Persons under 5 years, percent	▲ 7.3%	▲ 6.3%
Persons under 18 years, percent	▲ 24.6%	▲ 24.9%
Persons 65 years and over, percent	▲ 18.1%	▲ 18.5%
Female persons, percent	▲ 51.8%	▲ 50.4%
Race and Hispanic Origin		
White alone, percent	▲ 93.7%	▲ 96.0%
Black or African American alone, percent (a)	▲ 0.8%	▲ 0.7%
American Indian and Alaska Native alone, percent (a)	▲ 0.2%	▲ 1.0%
Asian alone, percent (a)	▲ 0.6%	▲ 0.8%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.2%	▲ 0.2%
Two or More Races, percent	▲ 1.9%	▲ 1.3%
Hispanic or Latino, percent (b)	▲ 6.5%	▲ 5.3%
White alone, not Hispanic or Latino, percent	▲ 89.8%	▲ 91.6%
Population Characteristics		
Veterans, 2013-2017	623	1,649
Foreign born persons, percent, 2013-2017	2.9%	2.3%
Housing		
Housing units, July 1, 2017, (V2017)	X	10,818
Owner-occupied housing unit rate, 2013-2017	73.9%	79.1%
Median value of owner-occupied housing units, 2013-2017	\$148,900	\$150,200
Median selected monthly owner costs -with a mortgage, 2013-2017	\$1,123	\$1,153
Median selected monthly owner costs -without a mortgage, 2013-2017	\$435	\$424
Median gross rent, 2013-2017	\$553	\$628
Building permits, 2017	X	99
Families & Living Arrangements		
Households, 2013-2017	4,169	10,083
Persons per household, 2013-2017	2.31	2.45
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	89.2%	89.9%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	5.7%	4.3%
Computer and Internet Use		
Households with a computer, percent, 2013-2017	86.7%	85.7%
Households with a broadband Internet subscription, percent, 2013-2017	82.2%	78.5%
Education		
High school graduate or higher, percent of persons age 25 years+, 2013-2017	91.4%	92.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	19.5%	20.7%
Health		
With a disability, under age 65 years, percent, 2013-2017	7.3%	7.3%
Persons without health insurance, under age 65 years, percent	▲ 6.1%	▲ 5.2%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2013-2017	68.4%	69.0%
In civilian labor force, female, percent of population age 16 years+, 2013-2017	63.0%	64.1%
Total accommodation and food services sales, 2012 (\$1,000) (c)	20,212	26,940



Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	D	81,870
Total manufacturers shipments, 2012 (\$1,000) (c)	D	1,084,347
Total merchant wholesaler sales, 2012 (\$1,000) (c)	164,585	469,044
Total retail sales, 2012 (\$1,000) (c)	186,538	270,039
Total retail sales per capita, 2012 (c)	\$19,044	\$10,842
<b>Transportation</b>		
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	12.7	17.8
<b>Income &amp; Poverty</b>		
Median household income (in 2017 dollars), 2013-2017	\$58,063	\$61,316
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$30,066	\$30,686
Persons in poverty, percent	▲ 10.2%	▲ 7.2%

## BUSINESSES

<b>Businesses</b>		
Total employer establishments, 2016	X	713
Total employment, 2016	X	10,095
Total annual payroll, 2016 (\$1,000)	X	438,659
Total employment, percent change, 2015-2016	X	3.5%
Total nonemployer establishments, 2016	X	1,715
All firms, 2012	953	2,114
Men-owned firms, 2012	460	1,048
Women-owned firms, 2012	201	464
Minority-owned firms, 2012	F	34
Nonminority-owned firms, 2012	842	1,974
Veteran-owned firms, 2012	111	239
Nonveteran-owned firms, 2012	701	1,664

## GEOGRAPHY

<b>Geography</b>		
Population per square mile, 2010	1,097.0	29.0
Land area in square miles, 2010	8.96	862.89
FIPS Code	1944400	19149



# EXHIBIT B.2

## 2012 CENSUS OF AGRICULTURE COUNTY PROFILE

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# 2012 CENSUS OF AGRICULTURE

## COUNTY PROFILE

### Plymouth County – Iowa

Ranked items among the 99 state counties and 3,079 U.S. counties, 2012

Item	Quantity	State Rank	Universe <sup>1</sup>	U.S. Rank	Universe <sup>1</sup>
<b>MARKET VALUE OF AGRICULTURAL PRODUCTS SOLD (\$1,000)</b>					
Total value of agricultural products sold	643,103	4	99	59	3,077
Value of crops including nursery and greenhouse	262,413	12	99	115	3,072
Value of livestock, poultry, and their products	380,689	3	99	65	3,076
<b>VALUE OF SALES BY COMMODITY GROUP (\$1,000)</b>					
Grains, oilseeds, dry beans, and dry peas	261,228	12	99	52	2,926
Tobacco	-	-	-	-	436
Cotton and cottonseed	-	-	-	-	635
Vegetables, melons, potatoes, and sweet potatoes	30	68	97	2,344	2,802
Fruits, tree nuts, and berries	(D)	81	89	(D)	2,724
Nursery, greenhouse, floriculture, and sod	(D)	93	93	2,658	2,678
Cut Christmas trees and short rotation woody crops	-	-	62	-	1,530
Other crops and hay	1,153	31	99	1,809	3,049
Poultry and eggs	23	78	99	2,000	3,013
Cattle and calves	135,115	5	99	85	3,056
Milk from cows	(D)	10	80	(D)	2,038
Hogs and pigs	211,240	7	99	14	2,827
Sheep, goats, wool, mohair, and milk	(D)	5	99	(D)	2,988
Horses, ponies, mules, burros, and donkeys	82	63	99	1,982	3,011
Aquaculture	-	-	29	-	1,366
Other animals and other animal products	(D)	12	98	(D)	2,924
<b>TOP CROP ITEMS (acres)</b>					
Corn for grain	231,645	4	99	25	2,638
Soybeans for beans	206,440	2	99	21	2,162
Corn for silage	14,862	6	99	93	2,237
Forage-land used for all hay and haylage, grass silage, and greenchop	9,428	40	99	1,685	3,057
Oats for grain	1,079	11	98	274	1,825
<b>TOP LIVESTOCK INVENTORY ITEMS (number)</b>					
Hogs and pigs	744,433	3	99	7	2,889
Cattle and calves	91,041	6	99	151	3,063
Sheep and lambs	5,672	3	99	161	2,897
Layers	1,427	57	99	1,578	3,040
Horses and ponies	681	35	99	1,693	3,072

### Other County Highlights, 2012

Economic Characteristics	Quantity	Operator Characteristics	Quantity
<b>Farms by value of sales:</b>		<b>Principal operators by primary occupation:</b>	
Less than \$1,000	165	Farming	902
\$1,000 to \$2,499	45	Other	429
\$2,500 to \$4,999	39	<b>Principal operators by sex:</b>	
\$5,000 to \$9,999	45	Male	1,275
\$10,000 to \$19,999	59	Female	56
\$20,000 to \$24,999	26	<b>Average age of principal operator (years)</b>	
\$25,000 to \$39,999	65		54.9
\$40,000 to \$49,999	49	<b>All operators by race <sup>2</sup>:</b>	
\$50,000 to \$99,999	148	American Indian or Alaska Native	-
\$100,000 to \$249,999	212	Asian	-
\$250,000 to \$499,999	179	Black or African American	-
\$500,000 or more	299	Native Hawaiian or Other Pacific Islander	-
Total farm production expenses (\$1,000)	526,492	White	1,883
Average per farm (\$)	395,561	More than one race	5
Net cash farm income of operation (\$1,000)	177,235	<b>All operators of Spanish, Hispanic, or Latino Origin <sup>2</sup></b>	
Average per farm (\$)	133,159		6

See "Census of Agriculture, Volume 1, Geographic Area Series" for complete footnotes, explanations, definitions, and methodology.

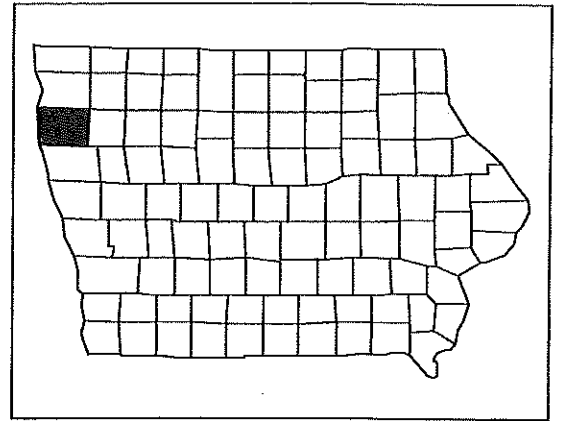
Represents zero. (D) Withheld to avoid disclosing data for individual operations.

<sup>1</sup> Universe is number of counties in state or U.S. with item. <sup>2</sup> Data were collected for a maximum of three operators per farm.



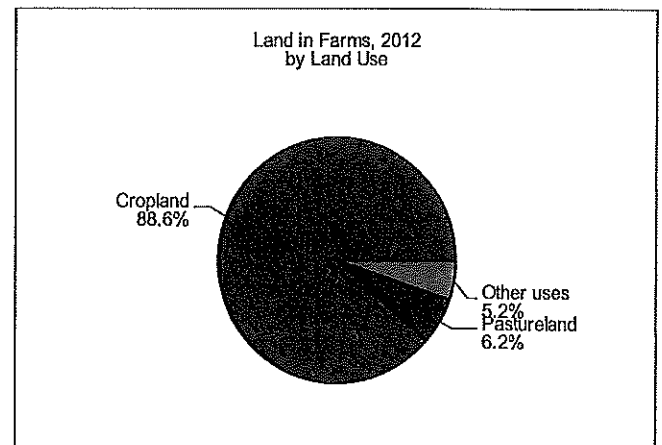
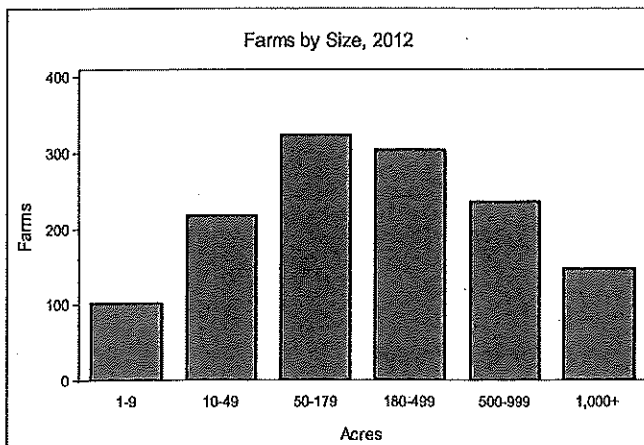
# 2012 CENSUS OF AGRICULTURE

## COUNTY PROFILE



### Plymouth County Iowa

	2012	2007	% change
<b>Number of Farms</b>	1,331	1,442	- 8
<b>Land in Farms</b>	541,817 acres	517,248 acres	+ 5
<b>Average Size of Farm</b>	407 acres	359 acres	+ 13
<b>Market Value of Products Sold</b>	\$643,103,000	\$467,302,000	+ 38
Crop Sales \$262,413,000 (41 percent)			
Livestock Sales \$380,689,000 (59 percent)			
<b>Average Per Farm</b>	\$483,172	\$324,065	+ 49
<b>Government Payments</b>	\$11,860,000	\$10,164,000	+ 17
<b>Average Per Farm Receiving Payments</b>	\$11,074	\$8,592	+ 29



US Department of Agriculture  
National Agricultural Statistics Service

[www.agcensus.usda.gov](http://www.agcensus.usda.gov)



# EXHIBIT C

FLOYD VALLEY HEALTHCARE SERVICES  
2018 AMERICAN HOSPITAL ASSOCIATION  
ANNUAL SURVEY

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2018 AHA Annual Survey

**Status**

Submitted

**Created On**

4/11/2019 5:04 PM by Dustin Wright

**Modified On**

4/23/2019 8:24 PM by Dustin Wright

**Section Status**

**A. Reporting Period**

In Progress

**B. Organizational Structure**

In Progress

**C. Facilities And Services**

In Progress

**D. Insurance And Alternative Payment Models**

In Progress

**E. Total Facility Beds, Utilization, Finances & Staffing**

In Progress

**F. Supplemental Information**

In Progress



Report data for a full 12-month period, preferably your last completed fiscal year (365 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): ☒

07/01/2017 ☒ 06/30/2018 ☒

2a. Were you in operation 12 full months at the end of your reporting period? ☒

(x) Yes

( ) No

2b. Number of days open during reporting period: ☒

365

3. Indicate the beginning of your current fiscal year ☒

07/01/2018

☒

# 1. CONTROL

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

☒ 2.

14 City (Government, non-federal)

# 2. SERVICE

2. Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of patients: ☒ 2.

10 General medical and surgical

# 3. OTHER

3a. Does your hospital restrict admissions primarily to children? ☒ 2.

( ) Yes (x) No

3b. Does the hospital itself operate subsidiary corporations? ☒ 2.

( ) Yes (x) No

3c. Is the hospital contract managed? If yes, please provide the name, city, and state of the organization that manages the hospital:

☒ 2.

(x)

Yes

( )

No

Avera Health Sioux Falls SD

3d. Is your hospital owned in whole or in part by physicians or a physician group? ☒ 2.

( )

Yes

(x)

No

3f. Are any other types of hospitals co-located in your hospital?

☒ 2.

( ) Yes (x) No

Please report # Beds that were provided within your hospital and were set up and staffed for use at the end of the reporting period. <b><u>If you choose to fill with last year data before pushing save and validate make sure all questions have at least one field checked.</u></b>	Owned or provided by my hospital or its subsidiary	Provided by my Health System (in my local community)	Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	Do not Provide
1. General medical - surgical care	<input checked="" type="checkbox"/> # Beds 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical - surgical care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics (Please specify the level of unit provided by the hospital if applicable.)	<input checked="" type="checkbox"/> # Beds 3 Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical-surgical intensive care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cardiac intensive care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Neonatal intensive care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Neonatal intermediate care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Pediatric intensive care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burn care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other special care (Please specify the type of other special care provided by the hospital if applicable.)	<input checked="" type="checkbox"/> # Beds 1 Desc: Special Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other intensive care (Please specify the type of other intensive care provided by the hospital if applicable.)	<input type="checkbox"/> # Beds _____ Desc: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Physical rehabilitation	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Alcoholism-chemical dependency care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Psychiatric care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Skilled nursing care	<input checked="" type="checkbox"/> # Beds 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Intermediate nursing care	<input checked="" type="checkbox"/> # Beds <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Acute long-term care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Other long-term care	<input checked="" type="checkbox"/> # Beds <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other care (Please specify the type of other care provided by the hospital if applicable.)	<input type="checkbox"/> # Beds _____ Desc: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



*Please check services that were provided within your hospital for use at the end of the reporting period. <b>If you choose to fill with last year data before pushing save and validate make sure all questions have at least one field checked.</b>	Owned or provided by my hospital or its subsidiary	Provided by my Health System (in my local community)	Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	Do not provide
20. Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Airborne infection isolation room (Please specify the number of rooms)	<input checked="" type="checkbox"/> # Rooms: 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alcoholism-chemical dependency care Services	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22a. Alcoholism-chemical dependency pediatric services				
22b. Alcoholism-chemical dependency outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22c. Alcoholism-chemical dependency partial hospitalization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Alzheimer Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Air Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Ambulatory surgery center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Auxiliary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bariatric/weight control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Birthing room - LDR room - LDRP room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Blood Donor Center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Breast cancer screening / mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cardiology and cardiac surgery services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33a. Adult cardiology services				
33b. Pediatric cardiology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33c. Adult diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33d. Pediatric diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33e. Adult interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33f. Pediatric interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33g. Adult cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33h. Pediatric cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33i. Adult cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33j. Pediatric cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33k. Cardiac rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chaplaincy/pastoral care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Children's wellness program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. Community outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Complementary and alternative medicine services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Computer assisted orthopedic surgery (CAOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. Crisis prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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43. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Diabetes prevention program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Emergency services:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. On-campus emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b. Off-campus emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45c. Pediatric emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45d. Trauma center (certified) [Level of unit (1-3)] (Please specify the level of unit provided by the hospital if applicable.)	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47. Endoscopic services:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Optical colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47b. Endoscopic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47c. Ablation of Barrett's esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47d. Esophageal impedance study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47e. Endoscopic retrograde cholangiopancreatography (ERCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. Enrollment (insurance) assistance services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Employment support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Fertility clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. Fitness center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54. Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
55. Health fair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Community health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Genetic testing/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Health screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Health research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. HIV - AIDS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Home health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Hospice program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
64. Hospital - based outpatient care center - services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Housing services:				

65a. Assisted living	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65b. Retirement housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65c. Supportive housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Immunization program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Indigent care clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Linguistic/translation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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69. Meal delivery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Mobile health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
71. Neurological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Nutrition programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73. Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
74. Oncology services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Orthopedic services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Outpatient surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Pain management program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78. Palliative care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79. Palliative care inpatient unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80. Patient Controlled Analgesia (PCA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Patient education center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Patient representative services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Physical rehabilitation services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83a. Assistive technology center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83b. Electrodiagnostic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83c. Physical rehabilitation outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83d. Prosthetic and orthotic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83e. Robot-assisted walking therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83f. Simulated rehabilitation environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84. Primary care department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85. Psychiatric services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85a. Psychiatric consultation - liaison services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85b. Psychiatric pediatric care	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85c. Psychiatric geriatric services	<input type="checkbox"/> # Beds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85d. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85e. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
85f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85g. Psychiatric intensive outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85h. Psychiatric partial hospitalization services - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85i. Psychiatric partial hospitalization services - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

82j. Psychiatric residential treatment - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85k. Psychiatric residential treatment - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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<b>86. Radiology, diagnostic:</b>				
86a. CT scanner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86c. Electron beam computed tomography (EBCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86d. Full-field digital mammography(FFDM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86e. Magnetic resonance imaging (MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86f. Intraoperative magnetic resonance imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86g. Magnetoencephalography (MEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86h. Multi-slice spiral computed tomography(<64 + slice CT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86i. Multi-slice spiral computed tomography (64+ slice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86j. Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86k. Positron emission tomography/CT (PET/CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
86l. Single photon emission computerized tomography (SPECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86m. Ultrasound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>87. Radiology therapeutic:</b>				
87a. Image-guided Radiation Therapy(IGRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87b. Intensity-Modulated Radiation Therapy (IMRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87c. Proton beam therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87d. Shaped Beam Radiation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87e. Stereotactic radiosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88. Robotic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89. Rural health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90. Sleep center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91. Social work services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93. Support groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Swing bed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Teen outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96. Tobacco treatment / cessation program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>97. Telehealth</b>				
97a. Consultation and office visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97b. eICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97c. Stroke care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

97d. Psychiatric and Addiction treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97e. Remote patient monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Post-discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ongoing chronic care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other remote patient monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97f. Other telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98. Transplant services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98a. Bone marrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98b. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98c. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98d. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98e. Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98f. Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
99. Transportation to health facilities (non-emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100. Urgent care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101. Violence Prevention Programs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101a. For the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101b. For the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102. Virtual Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103. Volunteer services department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Women's health center / services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
105. Wound management services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Integration ranges 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.

	Yes	No
a. Emergency Services	( )	(x)
b. Primary Care Services	(x)	( )
c. Acute inpatient care	(x)	( )
d. Extended care	(x)	( )

107a. For each of the physician-organization arrangements, please report the number of physicians and the approximate ownership share.

	Number of Physicians	Hospital ownership share %	Physician ownership share %	Parent corporation ownership share %	Insurance ownership share %
107a.1 Independent Practice Association (IPA)	_____	_____	_____	_____	_____
107a.2 Group practice without walls	_____	_____	_____	_____	_____
107a.3 Open Physician-Hospital Organization (PHO)	_____	_____	_____	_____	_____
107a.4 Closed Physician-Hospital Organization (PHO)	_____	_____	_____	_____	_____
107a.5 Management Service Organization (MSO)	_____	_____	_____	_____	_____
107a.6 Integrated Salary Model	_____	_____	_____	_____	_____
107a.7 Equity Model	_____	_____	_____	_____	_____
107a.8 Foundation	_____	_____	_____	_____	_____
107a.9 Other, please specify	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

107b. If the hospital owns physician practices, how are they organized?

	Percent %	Number of Physicians
107b.1 Solo practice	_____	_____
107b.2 Single specialty group	_____	_____
107b.3 Multi-specialty group	_____	_____

107c. Of the physician practices owned by the hospital, what percentage are primary care? **2** % **2**

107d. Of the physician practices owned by the hospital, what percentage are specialty care? **2** % **2**

108. Looking across all the relationships identified in question 107a, what is the total number of physicians (count each physician only once)

that are engaged in an arrangement with your hospital that allows for joint contracting with payors or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership)? ☒.

# of physicians \_\_\_\_\_

109a. Does your hospital participate in any joint venture arrangements with physicians or physician groups? ☒.

☐  
Yes  
☐  
No

109b. 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).

☐ a. Limited Service Hospital

☐ b. Medicare-Certified ambulatory surgical centers

☐ c. Imaging Centers

☐ d. Other \_\_\_\_\_

109c. If you selected 'a'. Limited Service Hospital' please tell us what type(s) of services are provided (Check all that apply).

☐ a. Cardiac

☐ b. Orthopedic

☐ c. Surgical

☐ d. Other \_\_\_\_\_

109d. Does your hospital participate in joint venture arrangements with organizations other than physician groups? ☒.

☐  
Yes  
☐  
No

1. Does your hospital own or jointly own a health plan?

☐ Yes  
☒ No

2. Does your system own or jointly own a health plan?

☐ Yes  
☒ No

3. Does your hospital/system have a significant partnership with an insurer on an insurance company/health plan?

☐ Yes  
☒ No

5. Does your health plan make capitated payments to physicians either within or outside of your network for specific groups or enrollees?

	Yes	No	Do not know
a. Physicians within your network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physicians outside your network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Does your health plan make bundled payments to providers in your network or to outside providers?

	Yes	No	Do not know
a. Providers within your network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Providers outside your network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Does your health plan offer shared risk contracts either to providers in your network or to outside providers? (i.e., other than capitation or bundled payment)

	Yes	No	Do not know
a. Providers within your network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Providers outside your network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Does your hospital or system offer a self-administered health plan for your employees? ☒

(x) Yes ( ) No

## ALTERNATIVE PAYMENT MODELS

9. What percentage of the hospital's net patient revenue is paid on a capitated basis? **2**.

0

9a. In total, how many enrollees do you serve under capitated contracts? **2**.

\_\_\_\_\_

10. Does your hospital participate in any bundled payment arrangements? **2**.

Did  
previously  
[ ] Yes [ ] but no [x] No  
longer  
doing so

10a. If yes, with which of the following types of payers does your hospital have a bundled payment arrangement? (Select all that apply)

[ ] 1. Traditional Medicare

[ ] 2. A Medicare Advantage plan

[ ] 3. A commercial insurance plan including ACA participants, individual, group or employer markets

[ ] 4. Medicaid

10b. For which of the following medical/surgical conditions does your hospital have a bundled payment arrangement? (Select all that apply)

[ ] 1. Cardiovascular

[ ] 2. Orthopedic

[ ] 3. Oncologic

[ ] 4. Neurology

[ ] 5. Hematology

[ ] 6. Gastrointestinal

[ ] 7. Pulmonary

[ ] 8. Infectious disease

[ ] 9. Other (please specify \_\_\_\_\_)

10c. what percentage of the hospital's patient revenue is paid through bundled payment arrangements **2**.

0

11. Does your hospital participate in a bundled payment program involving care settings outside of the hospital (e.g. physician, outpatient, post acute)? **2**.

( ) Yes (x) No

11a. If yes, does your hospital share upside or downside risk with any of those outside providers? **2**.

( ) Yes (x) No

12. What percentage of your hospital's patient revenue is paid on a shared risk basis (other than capitated or bundled payment)? **2**.

0

13. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? **2**.

( ) Yes (x) No

14. Does your hospital have contracts with commercial payers where payment is tied to performance on quality/safety metrics? **2**.

( ) Yes (x) No

15a. Has your hospital or health care system established an accountable care organization (ACO)? **2**.

( ) 1. My hospital/system currently leads an ACO

(x) 2. My hospital/system currently participates in an ACO (but is not its leader)

( ) 3. My hospital/system previously led or participated in an ACO but is no longer doing so

( ) 4. My hospital/system has never participated or led an ACO

18. Do any hospitals and/or physician groups within your system or the system itself, plan to participate in any of the following risk arrangements in the next three years? (Check all that apply) **2**.

[x] a. Shared Savings/Losses

[ ] b. Bundled payment



- ☐ c. Capitation
- ☐ d. ACO (Ownership)
- ☒ e. ACO (Joint Venture)
- ☐ f. Health Plan (Ownership)
- ☐ g. Health Plan (Joint Venture)
- ☐ h. Other, please specify \_\_\_\_\_
- ☐ i. None

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

- |             | Yes | No  |
|-------------|-----|-----|
| a. Hospital | (x) | ( ) |
| b. System   | ( ) | (x) |

20. Has your hospital/system established a clinically integrated network?

- |             | Yes | No  |
|-------------|-----|-----|
| a. Hospital | ( ) | (x) |
| b. System   | ( ) | ( ) |

1. Does your hospital own and operate a nursing home type unit / facility? ☒ 2.

☐ Yes ☒ No

**1. BEDS AND UTILIZATION**

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) Total Facility	(2) Nursing Home Unit/Facility
a. Total licensed beds.	<u>25</u>	_____
b. Beds set up and staffed for use at the end of the reporting period (Do not report licensed beds)	<u>25</u>	_____
c. Bassinets set up and staffed for use at the end of the reporting period	<u>3</u>	_____
d. Births (exclude fetal deaths)	<u>99</u>	_____
e. Admissions (exclude newborns, include neonatal & swing admissions)	<u>605</u>	_____
f. Inpatient days (exclude newborns, include neonatal & swing days)	<u>2,096</u>	_____
g. Emergency department visits	<u>6,702</u>	_____
h. Total outpatient visits (include emergency department visits & outpatient surgeries)	<u>50,133</u>	_____
i. Inpatient surgical operations	<u>122</u>	_____
j. Number of operating rooms	<u>2</u>	_____
k. Outpatient surgical operations	<u>2,152</u>	_____

**2. MEDICARE/MEDICAID UTILIZATION**

(exclude newborns, Include neonatal &amp; swing days &amp; deaths)

**Medicare/Medicaid**

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) Total Facility	(2) Nursing Home Unit/Facility
a. 1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)	<u>356</u>	_____
a. 2. How many Medicare inpatient discharges were Medicare Managed Care?	<u>38</u>	_____
b. 1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)	<u>1,405</u>	_____
b. 2. How many Medicare inpatient days were Medicare Managed Care?	<u>165</u>	_____
c. 1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)	<u>60</u>	_____
c. 2. How many Medicaid inpatient discharges were Medicaid Managed Care?	<u>51</u>	_____
d. 1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)	<u>212</u>	_____
d. 2. How many Medicaid inpatient days were Medicaid Managed Care?	<u>175</u>	_____

**3. FINANCIAL**

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) Total Facility	(2) Nursing Home Unit/Facility
*a. Net patient revenue (treat bad debt as a deduction from revenue)	<u>34,872,682</u>	_____
*b. Tax appropriations	<u>0</u>	_____
*c. Other operating revenue	<u>4,084,984</u>	_____
*d. Nonoperating revenue	<u>1,071,568</u>	_____
*e. TOTAL REVENUE (add 3a thru 3d)	<u>40,029,234</u>	_____
f. Payroll expenses (only)	<u>14,049,845</u>	_____
g. Employee benefits	<u>5,054,800</u>	_____
h. Depreciation expense (for reporting period only)	<u>2,402,835</u>	_____
i. Interest expense	<u>530,766</u>	_____
j. Pharmacy Expense	<u>2,148,810</u>	_____
k. Supply expense (other than pharmacy)	<u>2,264,699</u>	_____
l. All other expenses	<u>13,156,643</u>	_____
m. TOTAL EXPENSES (Add 3f thru 3l. Exclude bad debt)	<u>39,628,398</u>	_____
n. Do your total expenses (E3.m) reflect full allocation from your corporate office?	( ) Yes (x) No	_____

**\*4. Revenue By type**

a. Total gross inpatient revenue	<u>8,982,104</u>
b. Total gross outpatient revenue	<u>50,765,168</u>
c. Total gross patient revenue	<u>59,747,272</u>

**\*5. Uncompensated Care & Provider Taxes**

a. Bad debt (Revenue forgone at full established rates. Include in gross revenue)	<u>779,279</u>
b. Financial Assistance (includes Charity) (Revenue forgone at full established rates. Include in gross revenue)	<u>240,131</u>
c. Is your bad debt (5a.) reported on the basis of full charges?	(x) Yes ( ) No
d. Does your state have a provider Medicaid tax/assessment program? <input checked="" type="checkbox"/>	( ) Yes (x) No
e. If yes, please report the total gross amount paid into the program	_____
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in:	
Total Expenses.....	( ) Yes (x) No
Deductions from net Patient Revenue.....	( ) Yes (x) No





\*These data will be treated as confidential. See the full confidentiality statement at the end of Section E.

**\*6a. GOVERNMENT****6a1. Medicare**

	(1) Gross	(2) Net
6a1a. Fee for service patient revenue <input checked="" type="checkbox"/>	<u>20,229,566</u>	<u>10,755,316</u>
6a1b. Managed care revenue <input checked="" type="checkbox"/>	<u>3,238,391</u>	<u>1,820,206</u>
6a1c. Total (a + b) <input checked="" type="checkbox"/>	<u>23,467,957</u>	<u>12,575,522</u>

**6a2. Medicaid:**

6a2a. Fee for service patient revenue <input checked="" type="checkbox"/>	<u>657,295</u>	<u>317,880</u>
6a2b. Managed care revenue <input checked="" type="checkbox"/>	<u>7,081,962</u>	<u>2,685,094</u>
6a2c. Medicaid Graduate Medical Education (GME) payments <input checked="" type="checkbox"/>		<u>0</u>
6a2d. Medicaid Disproportionate Share Hospital Payments (DSH) <input checked="" type="checkbox"/>		<u>0</u>
6a2e. Medicaid supplemental payments: not including Disproportionate Share Hospital Payments) <input checked="" type="checkbox"/>		<u>0</u>
6a2f. Other Medicaid <input checked="" type="checkbox"/>		<u>0</u>
6a2g. Total (a+b+c+d+e+f) <input checked="" type="checkbox"/>	<u>7,739,257</u>	<u>3,002,974</u>
6a3. Other Government: <input checked="" type="checkbox"/>	<u>816,536</u>	<u>507,129</u>

**\*6b. NONGOVERNMENT ☒**

6b1. Self-pay <input checked="" type="checkbox"/>	<u>923,190</u>	<u>733,618</u>
6b2. Third-party payers: <input checked="" type="checkbox"/>		
6b2a. Managed care (includes HMO and PPO) <input checked="" type="checkbox"/>	<u>25,658,500</u>	<u>17,090,750</u>
6b2b. Other third - party payers <input checked="" type="checkbox"/>	<u>1,141,826</u>	<u>962,689</u>
6b2c. Total Third - party payers (a+b) <input checked="" type="checkbox"/>	<u>28,540,052</u>	<u>18,837,186</u>
6b3. All Other nongovernment <input checked="" type="checkbox"/>	<u>0</u>	<u>0</u>
*6c. TOTAL <input checked="" type="checkbox"/>	<u>59,747,272</u>	<u>34,872,682</u>

\*6d. If you reported receiving Medicaid Supplemental Payments on line 6.a(2)e, please break the payment total into inpatient and outpatient care.

	Inpatient	Outpatient
Medicaid supplemental payments	_____	_____
*6e. If you are a government owned facility, does your facility participate in the Medicaid intergovernmental transfer or certified public expenditure program.		( ) Yes (x) No

	Gross	Net
*6f. If yes, please report gross and net revenue.	_____	_____

\*6g. Are the financial data reported from your audited financial statement? ☒.

(x)  
Yes  
( )  
No

6h. IS THERE ANY REASON WHY YOU CANNOT ENTER REVENUE BY PAYER? ☒.

( )  
Yes  
(x)  
No

**\*7. FINANCIAL PERFORMANCE - MARGIN**

	%
*a. Total Margin	_____
*b. Operating Margin	_____
*c. EBITDA Margin	_____
*d. Medicare Margin	_____
*e. Medicaid Margin	_____
<b>8. Fixed Assets</b>	

8a. Property, plant and equipment at cost	<u>45,867,861</u>
8b. Accumulated depreciation	<u>18,468,427</u>
8c. Net property, plant and equipment (a - b)	<u>27,399,434</u>
8d. Total gross square feet of your physical plant used for or in support of your healthcare activities	<u>136000</u>
<b>9. Total Capital Expenses</b> <input checked="" type="checkbox"/>	

Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property. 1,762,378

**10. INFORMATION TECHNOLOGY AND CYBERSECURITY**

a. IT Operating Expense	<u>1,089,446</u>
b. IT Capital Expense.	<u>0</u>
c. Number of Employed IT staff (in FTEs).	<u>2</u>
d. Number of outsourced IT staff (in FTEs).	<u>2</u>
*e. What percentage of your IT budget is spent on security?	<u>0</u>
f. Which of the following cybersecurity measures does your hospital or health system currently deploy?*	

- ☒ a. Annual risk assessment  
☒ b. Incident response plan  
☒ c. Intrusion detection systems  
☒ d. Mobile device encryption  
☒ e. Mobile device data wiping  
☒ f. Penetration testing to identify security vulnerabilities  
☒ g. Strong password requirements  
☒ h. Two-factor authentication

**CYBERSECURITY**

	Yes	No	Unsure
g. Does your hospital or health system board oversight of risk management and reduction specifically include consideration of cybersecurity risk?*	(x)	()	()
h. Does your hospital or health system have cybersecurity insurance?*	(x)	()	()
i. Is your hospital or health system participating in cybersecurity information-sharing activities with an outside information Sharing and Analysis Organization to identify threats and vulnerabilities?*	(x)	()	()





\*These data 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.

☐ No

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

**11. 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 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 such as Registered nurses is exactly the same. The calculation for each 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.

**11. STAFFING**

	Full-Time (35 hr/wk or more) on Payroll	Part-Time (less than 35 hr/wk) on Payroll	FTE	Vacancies
a. Physicians	<u>3</u>	<u>0</u>	_____	_____
b. Dentists	<u>0</u>	<u>0</u>	_____	_____
c. Medical and dental residents/interns	<u>0</u>	<u>0</u>	_____	_____
d. Other trainees	<u>0</u>	<u>0</u>	_____	_____
e. Registered nurses	<u>61</u>	<u>38</u>	_____	_____
f. Licensed practical (vocational) nurses	<u>2</u>	<u>4</u>	_____	_____
g. Nursing assistive personnel	<u>28</u>	<u>15</u>	_____	_____
h. Radiology technicians	<u>12</u>	<u>2</u>	_____	_____
i. Laboratory technicians	<u>14</u>	<u>3</u>	_____	_____
j. Pharmacists, licensed	<u>1</u>	<u>1</u>	_____	_____
k. Pharmacy technicians	<u>1</u>	<u>1</u>	_____	_____
l. Respiratory therapists	<u>0</u>	<u>0</u>	_____	_____
m. All other personnel	<u>106</u>	<u>59</u>	_____	_____
n. Total facility personnel (add 11.a through 11.m) (Total facility personnel should include hospital plus nursing home type unit/facility personnel reported in 11.o and 11.p)	<u>228</u>	<u>123</u>	_____	_____
o. Nursing home type unit/facility Registered Nurses	<u>0</u>	<u>0</u>	<u>0</u>	_____
p. Nursing home type unit/facility personnel	<u>0</u>	<u>0</u>	<u>0</u>	_____
q. For your employed RNs reported above (E.11.e, column 3), please report the number of full time equivalents who are involved in direct patient care. <input checked="" type="checkbox"/>				<u>20</u>

**12. PRIVILEGED PHYSICIANS**

	(1) Total Employed	(2) Total Individual Contract	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged
a. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	<u>0</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>7</u>
b. Emergency medicine	<u>0</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>3</u>
c. Hospitalist	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
d. Intensivist	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
e. Radiologist/pathologist/anesthesiologist	<u>0</u>	<u>1</u>	<u>5</u>	<u>2</u>	<u>8</u>
f. Other specialist	<u>0</u>	<u>4</u>	<u>38</u>	<u>55</u>	<u>97</u>
g. Total (add 12a-12f)	<u>0</u>	<u>12</u>	<u>46</u>	<u>57</u>	<u>115</u>

**13. HOSPITALISTS**13a. Do hospitalists provide care for patients in your hospital? ☒.

(if yes,  
please  
report in  
E.12c.)  
( ) Yes  
(x) No

14. INTENSIVISTS ☒

- a. Do intensivists provide care for patients in your hospital. (If no, please skip to question 15.)  
☒

(if yes, please report  
in E.12d.) ( ) Yes  
(x) No

**15. ADVANCED PRACTICE REGISTERED NURSES / PHYSICIAN ASSISTANTS**

- a. Do advanced practice nurses/physician assistants provide care for patients in your hospital? ☒ Yes (x) (if no, please skip to 16.)  
No

**16.  
FOREIGN  
EDUCATED  
NURSES ☒**

- a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2018 vs. 2017?

More( ) Less( ) Same( ) Did not hire foreign nurses(x)

- b. From which countries/continents are you recruiting foreign-educated nurses? (check all that apply)

☐ Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other

## SUPPLEMENTAL INFORMATION

1. Does your hospital provide services through satellite outpatient departments?

(x) Yes ( ) No

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

## F. SUPPLEMENTAL INFORMATION

Facilities	Check all that apply	Number of on-campus sites	Number of off-campus sites
1. Airway endoscopy	<input type="checkbox"/>	_____	_____
2. Ambulatory surgery	<input type="checkbox"/>	_____	_____
3. Blood product exchange	<input type="checkbox"/>	_____	_____
4. Cardiac/pulmonary rehabilitation	<input type="checkbox"/>	_____	_____
5. Diagnostic/screening test and related procedures	<input type="checkbox"/>	_____	_____
6. Drug administration and clinical oncology	<input type="checkbox"/>	_____	_____
7. Ear, nose throat (ENT)	<input type="checkbox"/>	_____	_____
8. General surgery and related procedures	<input type="checkbox"/>	_____	_____
9. Gastrointestinal (GI)	<input type="checkbox"/>	_____	_____
10. Gynecology	<input type="checkbox"/>	_____	_____
11. Laboratory	<input type="checkbox"/>	_____	_____
12. Major imaging	<input type="checkbox"/>	_____	_____
13. Minor imaging	<input type="checkbox"/>	_____	_____
14. Musculoskeletal surgery	<input type="checkbox"/>	_____	_____
15. Nervous system procedures	<input type="checkbox"/>	_____	_____
16. Ophthalmology	<input type="checkbox"/>	_____	_____
17. Pathology	<input type="checkbox"/>	_____	_____
18. Primary care	<input checked="" type="checkbox"/>	_____	2
19. Psychiatric care	<input type="checkbox"/>	_____	_____



20. Radiation oncology ☐ \_\_\_\_\_
21. Rehabilitation ☐ \_\_\_\_\_
22. Skilled nursing ☐ \_\_\_\_\_
23. Substance abuse/chemical dependency ☐ \_\_\_\_\_
24. Urgent care ☐ \_\_\_\_\_
25. Urology ☐ \_\_\_\_\_
26. Vascular/endovascular/cardiovascular ☐ \_\_\_\_\_
27. Visits and related services ☐ \_\_\_\_\_
28. Other, please specify: ☐ \_\_\_\_\_

2. Does the hospital participate in a group purchasing arrangement? If yes, please provide the name, (x) Yes ( ) No city, and state of the group purchasing organization(s):

☒

Name City State  
Vizient, Inc. Irving TX

Name City State  
 \_\_\_\_\_

Name City State  
 \_\_\_\_\_

3. Does the hospital purchase medical/surgical supplies directly through a distributor? ☒

(x) Yes ( ) No

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

Name: Shared Service Systems, Inc.

Name: Kreislers

Name: \_\_\_\_\_

4. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools? **2**

**1**

5. Describe the extent of your hospital's current partnerships with the following types of organizations for community or population health improvement initiatives.

	Not involved	Collaboration	Formal Alliance
a. Health care providers outside your system	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Local or state public health organizations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Local or state human/social service organizations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Other local or state government	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Non-profit organizations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Faith-based organizations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
g. Health insurance companies	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h. Schools	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i. Local businesses or chambers of commerce	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
j. National businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other (list)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families? <b>2</b>			<input type="radio"/> Yes <input checked="" type="radio"/> No

7. Does your hospital have a policy or guidelines that facilitate unrestricted access, 24 hours a day, to hospitalized patients by family and other partners in care according to patient preference?

- (x) a. Exists across all units  
 () b. Exists across some units  
 () c. Does not exist in any hospital unit

8. Use this space for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

9. Does your hospital or health system have an Internet or Homepage address? If yes, (x) Yes () No [www.floydvalley.org](http://www.floydvalley.org) please provide the address.

10. Please indicate below whether or not you agree to these types of disclosure: **2**

- (x) I hereby grant AHA permission to release my hospital's revenue data to external users that the AHA determines have a legitimate and worthwhile need to gain access to these data subject to the user's agreement with the AHA not to release hospital specific information.  
 () I do not grant AHA permission to release my confidential data.

Thank you for your cooperation in completing this survey. If there are any questions about your responses to this survey, who should be contacted

Your Name & Title **2**

Dustin Wright Chief Executive  
Officer

Your Email Address **2**

dustin.wright@floydvalley.org

Your Phone Number



(712) 546-3492

Your Fax Number



(712) 546-3352



# EXHIBIT D

## PLYMOUTH COUNTY HEALTH PLANNING COMMITTEE

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2018-2019	Plymouth County Health Planning Committee Representaton
	AmeriCorps – Prevent Child Abuse
	Bethany Christian Services
	Big Brothers Big Sisters
	Boys Town
	CAASA
	Center for Financial Education
	Child Care Resource
	Community Health Partners
	CSADV
	Decategorization Coordinator
	Farm Bureau Financial
	FVH, Community Health Manager
	FVH, Education Coordinator
	FVH, Family Medicine Clinic Mgr
	FVH, Nursing Service Manager
	Head Start Family Advocate
	Hospice of Siouxland
	IA Dept. of Public Health- Rural Outreach Liaison
	Iowa State Extension Services
	Jackson Recovery Center
	Joan Andres Therapy Services
	LeMars Area Family YMCA
	LeMars Police Department
	Love & Logic
	Lutheran Services of Iowa
	Mid-Sioux Opportunity, Inc.
	New Leaf Therapy Services
	NW Iowa Early Childhood
	NW Iowa AEA
	Parent Partner
	Plains Area Mental Health Center
	Ply. Co. Emergency Coordinator
	Ply Co. Human Services
	Ply. Co. Sheriff
	Ply. Co. Supervisor
	Season's Center
	SIMPCO
	Siouxland Community Health
	Siouxland Regional Transit
	Siouxland Regional Health Center
	Sioux Rivers
	United Healthcare
	WHY? Coalition
	Gehlen Catholic students/counselor
	Hinton Community students/counselor
	LeMars Community students/counselor
	MMCRU students/counselor
	Remsen St. Mary's students/counselor