



Navigating the 2007 Community Benefits Survey

PLEASE NOTE THAT THE OUTLINE OF THE COMMUNITY BENEFITS SURVEY HAS CHANGED. The survey is now organized under the section headings used in the CHA/VHA publication "A Guide for Planning and Reporting Community Benefit."

All of last year's categories and choices are in this year's survey, but they may be in different locations. A cross-walk document was provided to each primary survey contact, and it is also available on line.

This is a multi-section, multi-page survey. The sections of the survey are reached through a menu. When you are done working on a section, you are returned to the menu, where you can choose to work on another section or exit from the survey.

Within each multi-page section, use the "Next" and "Back" buttons at the bottom of each screen page to move from page to page. When you use the "Next" or "Back" buttons, the data you have entered to that point is AUTOMATICALLY SAVED.

You do not need to enter all of your data at one time. There are "Save and Exit" buttons at the bottom of each page. When you click the "Save and Exit" button, your data is stored and the survey section session is ended, returning you to the menu. When you open the survey again and return to that section, you will be taken to the top of the section page where you left off.

Because your data is being saved automatically each time you use the "Next" or "Back" buttons, use the "Save and Exit" button only when you are ready to end your session in a survey section.

You may return to the survey to enter or change data at any time up to the final submission due date. There are check boxes on the menu page that you may mark when you are done entering data in a survey section. Checking a box does NOT prevent you from returning to that section and making changes up to the due date.

Due Date: May 15, 2007

Other Keys and Buttons:

The [Enter] key is disabled. Move from field to field by using the [Tab] key. Holding the [Shift] key down and pressing [Tab] will move you back one field. You can also move to another field by using the mouse.

Do not have more than one person at your hospital on-line entering data into the web survey tool at a time - - multiple users may overwrite each other's entries/changes.

2007 WHA Community Benefits Survey

HOSPITAL INFORMATION

Fields are pre-populated in the online survey.

Hospital Name:

City:

Community Benefit Survey Contacts

It is important that we have correct contact information for the person completing the on-line survey for your hospital. **Please check the following information for the Primary Hospital Contact and notify us by email at cbssurvey@wha.org if changes need to be made.** You may also enter/change information for a secondary contact below.

For security purposes, this survey allows only one log-in ID and password per facility. If multiple people need information, or if you need to change passwords because of changes in personnel, please contact us at cbssurvey@wha.org.

Primary Hospital Contact for Survey (Survey Project Director)

First Name:

Last Name:

Title:

Phone:

Fax:

E-mail:

Second Contact for Survey

First Name:

Last Name:

Title:

Phone:

Fax:

E-mail:

2007 WHA Community Benefits Survey

Mark Sections Completed:

Marking Sections as Completed

You may continue to make changes in your entries until the survey submission due date. Marking a section as "Completed" **does not affect your ability to make changes before the due date.**

Checking these boxes does give us information about your progress on the survey; this tells us where we might have to make follow up contacts, particularly as we near the submission deadline. **Please use these boxes to help us in tracking survey progress.** Again, checking any of these boxes will not affect your ability to make changes before the due date.

Survey Sections (the buttons below are section links in the online survey)

Mark Sections Completed:

Part 1

Part 1

FINANCIAL INFORMATION – FISCAL YEAR 2006
OTHER GOVERNMENT-SPONSORED HEALTH CARE
SUBSIDIZED HEALTH SERVICES

Part 2

Part 2

COMMUNITY HEALTH EDUCATION

Part 3

Part 3

COMMUNITY-BASED CLINICAL SERVICES

Part 4

Part 4

HEALTH CARE SUPPORT SERVICES

Part 5

Part 5

HEALTH PROFESSIONS EDUCATION
RESEARCH
FINANCIAL AND IN-KIND CONTRIBUTIONS

Part 6

Part 6

COMMUNITY-BUILDING ACTIVITIES
COMMUNITY BENEFIT OPERATIONS
DISASTER READINESS
SHARE YOUR STORIES

Entire Survey

Part 1 of the Community Benefits Survey contains the following sections:

- **FINANCIAL INFORMATION - FISCAL YEAR 2006**
- **GOVERNMENT – SPONSORED HEALTH CARE (excluding Medicare and Medicaid)**
- **SUBSIDIZED HEALTH SERVICES**

FINANCIAL INFORMATION - FISCAL YEAR 2006

Part 1: Financial Information

Report financial data for reporting period only. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation.

Note: If your hospital has not yet submitted data for the 2006 WHA Fiscal Year Survey, the fields on this web page may all be blank. You should still enter the data in each "Enter Change" field as appropriate so you can see the results of the calculations covered below.

The standards for reporting community benefits provided by a hospital have been changing in recent years. A major change is that it is no longer acceptable to report items such as Bad Debt and Charity Care based on hospital charges; all benefits that involve charges have to be reduced to costs. Hospitals use a wide variety of cost accounting practices, some more sophisticated and all-encompassing than others. To keep things comparable, we are using a very simple cost-to-charge ratio (CCR) methodology based on the data submitted for the Fiscal Year Survey.

Cost-to-Charge Ratio(CCR) = [Total Expenses - Bad Debt at Charges] / [Total Gross Patient Revenue + Other Operating Revenue]

To keep things simple, no adjustment is made for Charity Care as revenue offset. This is only one possible way of reducing charges to costs, and the results may not agree in detail with the way your hospital does its internal accounting. This approach, however, gives us a consistent way to aggregate the data across the state without the usual "adding apples and oranges" problems. A few hospitals may have had "special situations" in 2006, resulting in some "unusual" numbers in their financials -- this in turn may result in a calculated cost-to-charge ratio that may be inappropriate for this survey. If this is the case, please contact us.

The following numbers are requested:

1. Net Patient Revenue (line 1 of the fiscal survey)
2. Other Operating Revenue (line 3 of the fiscal survey)
3. Nonoperating Revenue (line 30 of the fiscal survey)
4. Total Expenses (line 24 of the fiscal survey)
5. Total Gross Patient Revenue (line 35 of the fiscal survey) Please note that Gross Revenue is the same as charges.
6. Bad Debt Expense (line 17 of the fiscal survey) This is Bad Debt as charges.
7. Charity (line 64 of the fiscal survey) This is Charity Care at charges.
8. Gross Inpatient and Outpatient Medicaid Revenue (sum of lines 38 and 39 of the fiscal survey) Again, this means charges.
9. Gross Inpatient and Outpatient Medicaid Deductions (sum of lines 53 and 54 of the fiscal survey) This represents charges "written off" as retention or similar concept.
10. If your hospital owns a nursing home(s):
11. Nursing Home Revenue
12. Nursing Home Expenses These two fields are not part of the WHA Fiscal Year Survey, so no data will be uploaded into these two fields. Please make appropriate entries to result in a final Nursing Home Gain/Loss.

Other Notes:

- The shaded fields are locked; you cannot change them. Make all changes/corrections in the appropriate "Enter Change" fields. If you change the data in an "Enter Change" field that affects a calculated field, the recalculations will occur automatically.
- The final Medicaid net number (gain/loss) may not match state agency data; this survey is calculating costs based on Total Expenses; not all expenses may be allowed by the state Medicaid administration.

Continued on following page

FINANCIAL INFORMATION - FISCAL YEAR 2006 (CONTINUED)

For many hospitals, charity care cost and uncompensated Medicaid costs of care make up the majority of the dollar value of "Community Benefits." This makes it very important to have accurate financial data from your hospital.

Financial data submitted by your hospital on the mandated State of Wisconsin 2006 Fiscal Year Hospital Fiscal Survey will be used in calculating the dollar value of these benefits. Errors occasionally occur, however, in the data that is collected on the survey.

Please have your Finance Department review the following fields from your 2006 Hospital Fiscal Survey submission and make any needed corrections.

If no entries or changes are made in these fields, the 2006 Hospital Fiscal Survey data will be used for your hospital.

There may not be data in this section if your hospital has a December 31 fiscal year end, as the 2006 Fiscal Survey deadline for those hospitals in May 31. We will upload the information for those facilities as soon as we receive it.

Net Patient Revenue (line 1 of fiscal survey):
 Enter Change:

Other Operating Revenue (line 3 of fiscal survey):
 Enter Change:

Non-Operating Revenue (line 30 of fiscal survey):
 Enter Change:

Total Expenses (line 24 of fiscal survey):
 Change:

Total Gross Patient Revenue (line 35 of fiscal survey):
 Enter Change:

Cost-to-Charge Ratio + [Total Expenses –Bad Debt at Charges] / [Total Gross Patient Revenue + Other Operating Revenue]

Bad Debt Expense (line 17 of fiscal survey):
 Enter Change:

Bad Debt Expense at cost = Bad Debt Expense * CCR

Charity (line 64 of fiscal survey):
 Enter Change:

OTHER GOVERNMENT-SPONSORED HEALTH CARE

<p>Other Government Sponsored Health Care Programs</p> <ul style="list-style-type: none"> ● Obtain this information from your 2006 audited financial statements or contact the hospital's finance/reimbursement department. <p>Program Examples</p> <ul style="list-style-type: none"> ● CHAMPUS ● State Children's Health Insurance Programs (SCHIP) ● Insurance programs for the medically indigent ● Local and state programs that provide payments to health care providers to persons NON eligible for Medicaid <p>What NOT to Include</p> <ul style="list-style-type: none"> ● Losses on private third-party payers, such as Blue Cross and Blue Shield, or managed care organizations ● Contractual allowances ● Losses on Medicaid or Medicare ● Worker's compensation losses ● Loss on charity care or bad debt 	<p>Part 1</p>
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For your 2006 Fiscal Year, capture the unpaid costs of public programs **other than Medicare and Medicaid**.

CHAMPUS is an example of an "Other Public Program." Other examples include hospital costs of participating in local or regional government programs to provide insurance coverage to the uninsured or underinsured. Do not include losses on private third-party payers, such as Blue Cross and Blue Shield, or managed care organizations. Do not include Medicare or Medicaid losses or Worker's Compensation losses.

All entries should be based on hospital costs.

	Name of Program	Unpaid Cost
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
7	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
8	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
9	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
10	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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SUBSIDIZED HEALTH SERVICES

Subsidized Health Services

Part 1

- Subsidized Health Services include **billed** clinical inpatient or outpatient care programs or services that are provided at a **negative margin** because they are needed by the community. If your hospital did not provide them, they either would (1) have to be provided by a government entity or another non-profit health provider, or (2) the service would simply not be available.
- Report the hospital services that your hospital provides based upon an identified community need, services that are provided at a financial loss, and/or services that are provided in partnership with another community or health care provider.
- Financial loss is the excess of the cost of providing the service over any offsetting revenue or funding.
- This is **NOT** a catch-all category for any service that operates at a loss. **Take care to determine whether the negative margin is a true community benefit.**

It is important to avoid double counting in this category. The Catholic Health Association Guide defines Subsidized Health Services as those "that are provided despite a financial loss, and the financial losses are so significant that negative margins remain after removing the effects of charity care and Medicaid shortfalls." Because charity care and Medicaid shortfalls are counted elsewhere in this survey, those values must be removed in your calculations for these particular services. (See Worksheet 8 of the CHA Guide for more information.)

In some cases, older accounting systems may not allow for easy or accurate calculations of the charity care and Medicaid shortfall amounts connected with a particular service. (Where services are provided in partnership, it may be virtually impossible.) In those cases, a "reasonable, educated estimate" is acceptable for this survey. (Please enter information about such estimates in the "Comments" field for this section of the survey.)

It is very important to be absolutely sure that the service meets the criteria for being a Subsidized Health Service.

Program Examples

- Air ambulance
- Neonatal services
- Burn care unit
- Substance abuse care unit
- Obstetrics unit or obstetrics outpatient clinic
- Renal dialysis
- Hospice care

What NOT to Include

- Loss leaders – services or clinics operated at a loss because they provide a patient base for the hospital

Report hospital services that your organization provides at a financial loss or on a subsidized basis for the purpose of providing access to care in the community.

Indicate services that are provided based on an identified community need; that are provided at a financial loss; and/or are provided in partnership with another community or health care provider. **Do not include loss leaders** -- that is, services or clinics operated at a loss because they provide a patient base for the hospital.

"Financial loss" is the excess of the cost of providing a service over any offsetting revenue or funding.

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SUBSIDIZED HEALTH SERVICES (CONTINUED)

Subsidized Health Services	Provided at a Financial Loss	Provided in Partnership with Another Organization	Financial Loss (\$)
Emergency & Trauma Services – Air Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency & Trauma Services – Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency & Trauma Services – Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Neonatal Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hospital Outpatient Services - Permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hospital Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Services – Mobil Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Burn Units/Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Women’s & Children’s Services - Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Women’s & Children’s Services - Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Women’s & Children’s Services – Women’s Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Women’s & Children’s Services - Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dialysis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Continuing Care – IP Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Continuing Care – OP Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Continuing Care – Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health – IP Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health – OP Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health – IP Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health – OP Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Continued on following page

Part 2 of the Community Benefits Survey contains the following sections:

COMMUNITY HEALTH EDUCATION

- a – General Programs**
- b – Support Groups**
- c – Self-Help Programs**

COMMUNITY HEALTH IMPROVEMENT SERVICES

Report services that are **NOT billed** on an inpatient or outpatient hospital bill, or services that are offered at a reduced charge to the indigent, medically underserved and/or broader community. Provide the number of programs, people served and/or number of visits, and financial loss for each service. "Financial loss" is the **cost** of providing the service that is not offset by any revenue or funding source.

Report each program that your organization provides as a community benefit **only once** on the survey in the category that best describes the program.

Do not include loss leaders or marketing/promotional activities.

If you are a partner in a service, report only your share of the net financial loss.

COMMUNITY HEALTH EDUCATION

a – Community Health Education – General

Community Health Education – General	Part 2a
<p>Community Education and Outreach activities are those carried out to improve community health. They extend beyond patient care and are usually subsidized. Report services that are NOT billed on an inpatient or outpatient hospital bill, and are offered at a reduced charge to the indigent, medically underserved and/or the broader community. Report each program or clinic on the survey one time only, in the category that best describes the program.</p>	
<ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits, and financial loss for each service. • Financial loss is the cost of providing the service that is not offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. • If you have multiple offerings under one category, (i.e. numerous cancer education programs for multiple conditions) combine all programs under the cancer category. Do NOT list each cancer education/outreach program separately. 	
<p>Program Examples</p>	
<ul style="list-style-type: none"> • Health education classes • Health fairs • Outreach programs • Parish nursing • CPR/First Aid classes • Lectures • Web-based consumer health education • Work-site health education programs • Public service announcements with health messages • Education on specific disease conditions 	
<p>What NOT to Include</p>	
<ul style="list-style-type: none"> • School-based clinics or other community-based clinics, as they should be reported under Part 3, section A, Community-based Clinical Services – nonbilled and reduced fee clinics. • Health education programs designed to increase market share • Community calendars and newsletters if the primary purpose is marketing • Programs in which a profit is realized • In-house pastoral education programs • Programs for low-income populations that are reimbursed • Hospital volunteer time for parish and congregation-based programs • Patient educational services (i.e. diabetes education for patients) that are considered necessary for comprehensive patient care • Programs in which a profit is realized • Programs that generate an inpatient or outpatient hospital bill • Cost of hospital volunteer (auxiliary) time when calculating the community benefits cost of a program or service • Program or service NOT being conducted under the auspices of the hospital (e.g. hospital employee provides nutrition education to his Boy Scout troop) • Marketing activities or loss leaders • Mandated services 	

Continued on following page

a – Community Health Education – General (CONTINUED)

Report Programs that provide information to reduce health risks and promote wellness, but do not provide clinical or diagnostic services.

Program	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
Advanced Directives	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asthma Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
AIDS/HIV Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baby Sitting Classes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breastfeeding	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer Education (All)	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPR / First-Aid Classes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diabetes Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Web site /Community Publications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family / Parenting / Sibling Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Fairs (All)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart Disease / Healthy Heart Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health / Depression Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutrition / Weight Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fitness / Exercise	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parish Nursing Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prenatal / Family Planning / Preparation	<input type="text"/>	<input type="text"/>	<input type="text"/>
School-Based Programs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seniors Education and Outreach	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speakers Bureau (Health Topics)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teen Pregnancy / Parenting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Information Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tobacco / Smoking Cessation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women's Health	<input type="text"/>	<input type="text"/>	<input type="text"/>
Worksite-Based Programs	<input type="text"/>	<input type="text"/>	<input type="text"/>

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b – Community Health Education – Support Groups

Support Groups	Part 2b
<p>Support Groups are established to address social, psychological or emotional issues related to specific diagnoses or occurrences. These groups may meet on a regular or intermittent basis. Report services that are NOT billed on an inpatient or outpatient hospital bill, and are offered at a reduced charge to the indigent, medically underserved, and/or the broader community.</p> <ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits, and financial loss for each service. • Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. <p>Program Examples</p> <ul style="list-style-type: none"> • Substance abuse support • Disease or condition-specific groups • Grief or bereavement group support <p>What NOT to Include</p> <ul style="list-style-type: none"> • Support given to patients or families in the course of their inpatient or outpatient encounter • In-house pastoral care • Programs in which a profit is realized • Programs that generate an inpatient or outpatient hospital bill • The cost of hospital volunteer (auxiliary) time when calculating the community benefits cost of a program or service • A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides asthma support group to child's day care center) 	

Report groups that offer support and counseling, including diagnosis- or life-occurrence-specific support.

Group	Participants Per Year	Financial Loss
AIDS / HIV	<input type="text"/>	<input type="text"/>
Alzheimer's	<input type="text"/>	<input type="text"/>
Asthma / COPD / Breathing	<input type="text"/>	<input type="text"/>
Bereavement / Grief	<input type="text"/>	<input type="text"/>
Breastfeeding	<input type="text"/>	<input type="text"/>
Cancer (All)	<input type="text"/>	<input type="text"/>
Cardiac / Heart	<input type="text"/>	<input type="text"/>
Child Abuse / Domestic Violence	<input type="text"/>	<input type="text"/>
Diabetes	<input type="text"/>	<input type="text"/>
Mental Health / Depression	<input type="text"/>	<input type="text"/>
Nutrition / Weight Management	<input type="text"/>	<input type="text"/>
Fitness / Exercise	<input type="text"/>	<input type="text"/>
Substance Abuse	<input type="text"/>	<input type="text"/>
Stroke	<input type="text"/>	<input type="text"/>
Tobacco / Smoking Cessation	<input type="text"/>	<input type="text"/>

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c – Community Health Education – Self-Help

Self-Help

Part 2c

Self-help programs include those community-based self-help and wellness programs. In some instances, particularly in rural settings, community-based programs may mean self-help programs which are offered to the entire community but held in the hospital. Report services that are **NOT billed** on an inpatient or outpatient hospital bill, and are offered at a reduced charge to the indigent, medically underserved, and/or the broader community.

- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Provide the number of programs, persons served and/or number of visits, and financial loss for each service.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- Anger management programs
- Exercise classes open to the public
- Smoking cessation
- Stress management
- Disease or condition-specific groups

What NOT to Include

- Employee health/wellness and health promotion provided as a benefit
- Use of facility space for community self-help groups to hold meetings (report under financial and in-kind contributions)
- The cost of hospital volunteer (auxiliary) time when calculating the community benefits cost of a program or service
- Programs in which a profit is realized
- Programs that generate an inpatient or outpatient hospital bill
- The cost of hospital volunteer (auxiliary) time when calculating the community benefits cost of a program or service
- A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides services to an asthma self-help group at his/her child's day care center)

Report community-based self-help and wellness programs.

Program	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
Cardiac / Pulmonary Rehabilitation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutrition / Weight Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fitness / Exercise	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports Injury Prevention	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stress Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tobacco / Smoking Cessation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Self-Help

	Enter Other Programs	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Part 3 of the Community Benefits Survey contains the following sections:

COMMUNITY-BASED CLINICAL SERVICES

a – Nonbilled / Reduced-Fee Clinics

b – Screenings

c – Immunization

d – Other Community-Based Clinical Services

a – Community-Based Clinical Services – Nonbilled / Reduced-Fee Clinics

Nonbilled / Reduced-Fee Clinics

Part 3a

Report clinics that provide **nonbilled or reduced-charge services to target indigent and medically underserved populations**, such as migrant workers, the homeless, etc. Visits to these clinics do NOT generate a hospital or third-party billing except, perhaps, for resource tracking purposes. Services in these clinics are generally provided by volunteer health professionals who donate their time. These clinics do NOT include permanent, subsidized hospital outpatient services. Report each program or clinic on the survey one time only, in the category that best describes the program. **Do NOT report** marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.

- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Provide the number of programs, persons served and/or number of visits and financial loss for each service.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- Hospital-based clinics that are free or reduced fee and open to all in the community
- School or faith-based free or reduced fee clinics
- Community based free clinics
- Migrant or special population's clinics
- Mobile units (vans or other vehicles) that are used to deliver primary care services

What NOT to Include

- The cost of medical or other health professionals if they are NOT employed by the hospital
- The cost of volunteers by other community partners
- Clinics for which an inpatient or outpatient bill is generated (these should be reported under unprofitable/subsidized clinics)
- Mobile specialty care units (mammography, radiology, lithotripsy, etc.) that are an extension of the hospital's outpatient department
- A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee participates in health clinic in local school that is NOT provided by the hospital)
- The cost of hospital volunteer time when calculating the community benefit cost of a program or service

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a – Community-Based Clinical Services – Nonbilled / Reduced-Fee Clinics (CONTINUED)

Report clinics that provide *nonbilled or reduced-charge services to target indigent and medically underserved populations*, such as migrant workers or the homeless. **Visits to these clinics do not generate a hospital or third-party billing except for resource tracking purposes.**

Do not report any hospital services or clinics that were previously reported on this survey as Subsidized Services.

	Type: (mark one for each description entered)	Name of Clinic	Visits Per Year	Financial Loss
1	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="checkbox"/> Hospital-Based Clinic <input type="checkbox"/> Nonhospital-Based Clinic <input type="checkbox"/> Mobile Clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments for Community-Based Clinical Services – Nonbilled / Reduced-Fee Clinics

b – Community-Based Clinical Services – Health Screening

Health Screening**Part 3b**

Health screenings are health tests that are conducted in the community as a public clinical service. They are a secondary prevention activity designed to detect the early onset of illness and disease and can result in referral to any community resource. Screening should provide follow up care, including assistance for the uninsured and underinsured to access appropriate health care resources.

Report services that are NOT billed on an inpatient or outpatient hospital bill or are offered at a reduced charge to the indigent, medically underserved and/or the broader community. Report each program or clinic on the survey one time only in the category that best describes the program. Do NOT report marketing activities or loss leaders, standard hospital services, patient education activities, or mandated services.

Program Examples

- Behavioral screenings
- Blood pressure
- Eye exams
- General screening programs
- Health risk appraisals
- Hearing (NOT mandated)
- Mammography (if NOT free-standing breast diagnostic center)
- School physicals
- Skin cancer
- Osteoporosis

What NOT to Include

- Screenings associated with a health fair (**Report these under Community Health Education – General**)
- Screenings in which a profit is realized
- Screenings that result in referrals only to the hospital or its physicians
- Screenings that generate an inpatient or outpatient bill
- Mandated screenings
- Mobile units (mammography, lithotripsy, radiology) that are an extension of the organization's outpatient department
- The cost of hospital volunteer (auxiliary) time when calculating the community benefits cost of a program or service
- A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee volunteers for health screening at his/her place of worship)

Continued on following page

b – Community-Based Clinical Services – Health Screening (CONTINUED)

Report community-based health screenings only, not hospital services. Do not report mandated screenings.

Program	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
Alzheimer's Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asthma Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cholesterol Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer – Colorectal Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer – Mammography / Breast	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer – Prostate Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer – Skin Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer – All Other Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comprehensive Physicals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diabetes Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hearing (Do not report mandated newborn screening)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health / Depression Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutrition / Obesity Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fitness / Exercise	<input type="text"/>	<input type="text"/>	<input type="text"/>
School-Based Screening (Sports Physical)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stroke Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women's Health Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Worksite-Based Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Health Screening

Enter Other Programs	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>

c – Community-Based Clinical Services - Immunization

Immunization	Part 3c
<p>Report community immunization and vaccination programs for adults, children and targeted special needs populations that are provided on a nonbilled or minimal charge basis. Report each program or clinic on the survey one time only, in the category that best describes the program. Do NOT report marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.</p> <ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits and financial loss for each service. • Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. <p>Program Examples</p> <ul style="list-style-type: none"> • Adult immunizations • Hepatitis B • Flu shots • Child immunizations <p>What NOT to Include</p> <ul style="list-style-type: none"> • The cost of the vaccine in the cost of the program, if the vaccine is provided to you by any source at no charge • Immunizations for which an inpatient or outpatient bill is generated • The cost of hospital volunteer (auxilian) time when calculating the community benefits cost of a program or service • Hospital employee, volunteer or auxilian vaccinations (or for their families) • A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides free immunizations to child's school) 	

Report nonbilled or reduced-fee community immunization programs for children and adults, and for target populations such as the indigent, medically underserved or the elderly.

Program	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
Adult Immunizations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Immunizations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flu Shots	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Immunization Programs

	Enter Other Programs	# of Programs / Activities Per Year	Participants Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4 of the Community Benefits Survey contains the following sections:

HEALTH CARE SUPPORT SERVICES

- a – Counseling**
- b – Family Support Services**
- c – Free or Discounted Prescriptions / Supplies to Patients**
- d – In-Home Services**
- e – Meals / Nutrition Services**
- f – Transportation Services**
- g – Other Health Care Support Services**

HEALTH CARE SUPPORT SERVICES

Report all other nonbilled community-based programs that are targeted to the poor or the broader community that your organization provides in categories (a-g).

a – Health Care Support Services – Counseling

Counseling	Part 4a
<p>Counseling programs can be for target populations or the community at large. Report services that are NOT billed on an inpatient or outpatient hospital bill or are offered at a reduced charge to the indigent, medically underserved and/or the broader community. Report each program on the survey one time only, in the category that best describes the program. Do NOT report marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.</p> <ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits, and financial loss for each service. • Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. <p>Program Examples</p> <ul style="list-style-type: none"> • Crisis intervention • Chronic disease counseling • Family counseling • Nutrition counseling (NOT considered education) • Tobacco cessation • Grief counseling <p>What NOT to Include</p> <ul style="list-style-type: none"> • Counseling provided in the course of inpatient or outpatient treatment • Counseling that generates (or is part of) an inpatient or outpatient bill • The cost of hospital volunteer (auxiliary) time when calculating the community benefits cost of a program or service • A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides smoking cessation counseling to local high school teens) 	

Report counseling programs for target populations or the community. Do not report patient education.

Activity	Participants Per Year	Financial Loss
Crisis Intervention	<input type="text"/>	<input type="text"/>
Chronic Condition / Disease (All)	<input type="text"/>	<input type="text"/>
Family	<input type="text"/>	<input type="text"/>
Mental Health	<input type="text"/>	<input type="text"/>
Nutrition / Weight Loss Management	<input type="text"/>	<input type="text"/>
Fitness / Exercise	<input type="text"/>	<input type="text"/>
Substance Abuse	<input type="text"/>	<input type="text"/>
Tobacco / Smoking Cessation	<input type="text"/>	<input type="text"/>

HEALTH CARE SUPPORT SERVICES

a – Health Care Support Services – Counseling (CONTINUED)

Other Counseling Activities

	Enter Other Activities	Participants Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>

b – Health Care Support Services – Family Support Services

Family Support Services	Part 4b
<p>These program or services are offered on a one-to-one basis that assists community members in accessing appropriate social or health services.</p> <ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits, and financial loss for each service. • Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. <p>Program Examples</p> <ul style="list-style-type: none"> • Enrollment assistance in public programs, including state, indigent and Medicaid and Medicare programs • Information and referral to community resources • Telephone information services such as poison control centers • Ask-a-Nurse or other hotlines • On-site housing for family members • Hospital library services if they are available to the entire community, regardless of ability to pay <p>What NOT to Include</p> <ul style="list-style-type: none"> • Support given to patients and families in the course of their inpatient or outpatient treatment • Enrollment assistance programs designed to increase facility revenue • Physician referral if it is primarily an internal marketing effort • Routine discharge planning • A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides financial counseling in his church) • The cost of hospital volunteer time when calculating the community benefit cost of a program or service 	

Do not include standard home care services that generate a hospital bill or that are designed as stand-alone services for which your organization is reimbursed.

Service	Participants or Other Units Per Year	Financial Loss
Guidance or Referrals to Community Services and Public Assistance Programs	<input type="text"/>	<input type="text"/>
Assistance to Enroll in Public Medical Programs (such as Medicaid, SCHIP)	<input type="text"/>	<input type="text"/>
On-Site Housing for Inpatient Family Members	<input type="text"/>	<input type="text"/>

Other Family Support Services

	Enter Other Services	Participants or Other Units Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

c – Health Care Support Services – Free or Discounted Prescriptions / Supplies to Patients

Free or Discounted Prescriptions or Supplies to Patients	Part 4c
<p>Report services that are NOT billed on an inpatient or outpatient hospital bill or are offered at a reduced charge to the indigent, medically underserved and/or the broader community. Report each program or service on the survey one time only, in the category that best describes the program. Do NOT report marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.</p> <ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits and financial loss for each service. • Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. <p>Program Examples <i>(should be provided to persons who are unable to pay or are medically underserved)</i></p> <ul style="list-style-type: none"> • Prescription drugs • Hearing aids • Wheel chairs • Crutches • Bandages • Wigs • Layettees <p>What NOT to Include</p> <ul style="list-style-type: none"> • Supplies given to patients and families in the course of their inpatient or outpatient treatment for which a bill is generated • The cost of prescriptions provided to the hospital and distributed at no charge (such as pharmaceutical company samples) • Durable medical equipment services for which an inpatient or outpatient bill is generated (this should be reported under unprofitable/subsidized health services) • A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee collects and provides eyeglasses to local Lions club) • The cost of hospital volunteer (auxilian) time when calculating the community benefits cost of a program or service 	

Examples include hearing aids, wheelchairs, crutches and bandages provided to people who are unable to pay or are medically underserved.

Service	Participants or Other Units Per Year	Financial Loss
Equipment / Supplies	<input type="text"/>	<input type="text"/>
Prescription Drugs	<input type="text"/>	<input type="text"/>

Other Free or Discounted Prescriptions / Supplies

	Enter Other Services	Participants or Other Units Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

d – Health Care Support Services – In-Home Services

In-Home Services	Part 4d
<p>These are programs and services provided primarily on an individual basis to the medically underserved or indigent populations. Report services that are NOT billed on an inpatient or outpatient hospital bill or are offered at a reduced charge. Report each program or service on the survey one time only, in the category that best describes the program. Do NOT report marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.</p> <ul style="list-style-type: none"> • Include staff time, travel, materials and indirect costs attributable to the reported programs and services. • Provide the number of programs, persons served and/or number of visits, and financial loss for each service. • Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source. • If you are a partner in a service, report only your share of the net financial loss. <p>Program Examples</p> <ul style="list-style-type: none"> • Respite care • Emergency response system for shut-ins <p>What NOT to Include</p> <ul style="list-style-type: none"> • A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides meals to neighbor on a regular basis) • The cost of hospital volunteer time when calculating the community benefit cost of a program or service • Programs or services for which an inpatient or outpatient bill is generated (these should be reported under unprofitable/subsidized health services) • Visiting nurse or hospice programs for which an inpatient or outpatient bill is generated (these should be reported under unprofitable/subsidized health services) • An unprofitable home care service for which an inpatient or outpatient bill is generated (these should be reported under unprofitable/subsidized health services) 	

Do not include standard home care services that generate a hospital bill or that are designed as stand-alone services for which your organization is reimbursed.

Service	Participants or Other Units Per Year	Financial Loss
Emergency Response Phone System for Shut-Ins, At-Risk Populations (Lifeline)	<input type="text"/>	<input type="text"/>
Home Care (non-billed)	<input type="text"/>	<input type="text"/>
Respite Care	<input type="text"/>	<input type="text"/>

Other In-Home Services

	Enter Other Services	Participants or Other Units Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

e – Health Care Support Services – Meals / Nutrition Services

Meals and Nutrition Services

Part 4e

These are nutrition or food programs and/or services that primarily target the underserved or indigent populations. Report services that are **NOT billed** on an inpatient or outpatient hospital bill or are offered at a reduced charge to the indigent, medically underserved and/or the broader community. Report each program or service on the survey one time only, in the category that best describes the program. **Do NOT report** marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.

- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Provide the number of programs, persons served and/or number of visits and financial loss for each service.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- Free food service for special groups such as Rotary, Alcoholics Anonymous, or other nonprofit groups either within or outside of your hospital
- Food donations made by the hospital
- Meals-on-wheels
- Free meals provided to inpatient and outpatient families
- Participation and donations to soup kitchens, senior meals, holiday meals for indigent, etc. if given by the hospital, NOT staff
- Cost of coordinating Iowa Food Bank programs or community food drives if the coordinator is an employee of the hospital and is participating at the direction of the hospital

What NOT to Include

- Discounts or free meals provided to visitors, volunteers, employees, or employee or volunteer banquets
- A program or service if it is NOT being conducted under the auspices of the hospital (e.g. hospital employee provides holiday basket to local needy family)
- The costs of hospital volunteer (auxiliary) time when calculating the community benefit cost of a program or service
- Food donations given by employees
- Nutrition counseling or education (this should be included in the appropriate category such as community education – general, counseling, etc)
- Iowa Food Bank donations, unless this food is provided by the hospital and NOT the community or employees
- The cost of administering the Iowa Food Bank program if the coordinators are volunteers of the hospital

Do not include discounts to visitors, volunteers and employees, or employee or volunteer banquets.

Service	Participants or Other Units Per Year	Financial Loss
Cafeteria Service for Special Groups	<input type="text"/>	<input type="text"/>
Food Donations	<input type="text"/>	<input type="text"/>
Meals-On-Wheels	<input type="text"/>	<input type="text"/>

Other Meals / Nutrition Services

	Enter Other Services	Participants or Other Units Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

f – Health Care Support Services – Transportation Services

Transportation Services

Part 4f

These programs enhance or support individual access to health care services. Report services that are **NOT billed** on an inpatient or outpatient hospital bill or are offered at a reduced charge to the indigent, medically underserved and/or the broader community. Report each program or service on the survey one time only, in the category that best describes the program. **Do NOT report** marketing activities or loss leaders, standard hospital services, patient education activities or mandated services.

- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Provide the number of programs, persons served and/or number of visits and financial loss for each service.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- Ambulance service for which a bill is NOT generated
- Transportation between physician offices and the hospital
- Emergency cash/bus tokens
- Cab vouchers for patients and families
- Free prescription delivery for indigent shut-ins

What NOT to Include

- **Valet parking or courtesy vans or coaches** where the primary objective is to provide a courtesy service to patients and their families and NOT the community at large

Service	Transports or Other Units Per Year	Financial Loss
Ambulance Service	<input type="text"/>	<input type="text"/>
Car Seat Safety	<input type="text"/>	<input type="text"/>
Transport between Hospital and Physician Offices / Patient Home	<input type="text"/>	<input type="text"/>
Emergency Cash / Bus Tokens for Indigent / Cab Fare	<input type="text"/>	<input type="text"/>

Other Transportation Services

	Enter Other Services	Transports or Other Units Per Year	Financial Loss
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 5 of the Community Benefits Survey contains the following sections:

- **HEALTH PROFESSIONS EDUCATION**
- **RESEARCH**
- **FINANCIAL & IN-KIND DONATIONS FOR THE COMMUNITY**

HEALTH PROFESSIONS EDUCATION**Health Professions Education**

Part 5

This entire section seeks to quantify the cost of preparing future physicians, nurses and other health professionals.

- Complete each section that applies to your organization.
- Subtract any subsidy from government or other sources.
 - Include staff time, travel, materials and indirect costs (if applicable) which are attributable to the reported programs and services.
 - Provide the number of programs, persons served and/or number of visits and financial loss for each service.
 - Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
 - If you are a partner in a service, **report only your share of the net financial loss.**

Physicians/Medical Students Education**Program Examples**

- Clinical settings for undergraduate training
- Internships, clerkships, residencies and/or fellowships
- CME classes offered to physicians outside of the medical staff on subjects that the organization has special expertise
- Scholarships or tuition payments for medical education to individuals within the community
- Funding to outside organizations to provide medical education

What NOT to Include

- Costs of physician and medical student in-service training
- Orientation programs
- Costs of CME restricted to staff members

Nurses /Nursing Students Education**Program Examples**

- Clinical settings for undergraduate or vocational training to students from outside organizations
- Internships and externships when on-site training of nurses is subsidized
- Costs associated with underwriting faculty positions in schools of nursing in response to nurse or nurse faculty shortages
- Scholarships or tuition payments for nursing education to individuals within the community
- Funding to outside organizations to provide or support nursing education

What NOT to Include

- Costs of education required by nursing staff, such as orientation or in-service
- Expenses for in-house mentoring programs
- Costs of in-house nursing and nursing assistants
- Scholarships or tuition payments provided to employees

Continued on following page

HEALTH PROFESSIONS EDUCATION (CONTINUED)

<p>Health Professions Education (CONTINUED)</p> <p>Other Health Professional Education</p> <p>Program Examples</p> <ul style="list-style-type: none"> • Costs of providing a clinical setting for undergraduate training for lab or other technicians, dietitians, physical therapist, pharmacists and other health professionals • Costs of training for health professionals in special settings such as occupational health or outpatient facilities • Unpaid costs of medical translator training beyond what is mandated • Costs associated with underwriting faculty positions in schools of nursing in response to nurse or nurse faculty shortages • Scholarships or tuition payments for individuals within the community for various health professional education • Funding to outside organizations to provide or support health professions education • Program costs associated with high school job shadowing or mentoring • Funding, including registration fees, expenses, travel, etc. for staff education that is directly related to community health and health improvement • Special education programs made available to other professionals in the community <p>What NOT to Include</p> <ul style="list-style-type: none"> • Costs of education required by staff such as in-service, orientation, etc. • On-the-job training costs • Staff time delivering care concurrent with job shadowing • Costs for staff conferences other than those related to community health improvement • Staff tuition reimbursement or financial assistance to employees • Tuition reimbursement or scholarships to families of employees, unless the opportunity is available to the entire community 	<p>Part 5</p>
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Report education and teaching activities, including medical, nursing and allied-health disciplines programs; basic science programs; and community-based high-school work-experience programs.

**1 – Physicians/Medical Students
Costs Borne by the Hospital**

Direct Education Costs:	
Any Other Education-Related Expenses:	
Number of Physicians / Medical Students:	

Funding Provided by Outside Sources

Direct Education Funding:	
Philanthropic and Other Offsetting Revenue:	

**2 – Nurses/Nursing Students
Costs Borne by the Hospital**

Direct Education Costs:	
Any Other Education-Related Expenses:	
Number of Nursing Students:	

Funding Provided by Outside Sources

Direct Education Funding:	
Philanthropic and Other Offsetting Revenue:	

Continued on following page

RESEARCH

Research **Part 5**

- Research includes clinical and community health research as well as studies on health care delivery. In this category count the difference between operating costs and external subsidies such as grants, government funding, etc.
- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- Costs associated with studies on therapeutic protocols and evaluations of innovative treatment
- Costs associated with the development of research papers for professional journals that are prepared by staff and shared outside the organization
- Costs related to research studies on innovative health delivery models
- Costs related to studies on health issues for vulnerable populations

What NOT to Include

- Costs related to research where findings are used only internally

Report research activities, including efforts to develop new patient care services or delivery approaches that result in dissemination of information, space devoted to research activities, funding for research fellows, testing medical equipment or procedures, and publications by staff members.

1 – Clinical Research

Costs Borne by the Hospital

- A. Research Expenses (Direct and Indirect):
- B. Any Other Research-Related Expenses:

Funding Provided by Outside Sources

- A. Research Grants for Direct and Indirect Expenses:
- B. Philanthropic and Other Offsetting Revenue:

2 – Community Health Research

Costs Borne by the Hospital

- A. Research Expenses (Direct and Indirect):
- B. Any Other Research-Related Expenses:

Funding Provided by Outside Sources

- A. Research Grants for Direct and Indirect Expenses:
- B. Philanthropic and Other Offsetting Revenue:

FINANCIAL AND IN-KIND DONATIONS FOR THE COMMUNITY

Financial and In-Kind Contributions

Part 5

This category includes funds and in-kind services donated to individuals and/or the community at large.

- In-kind services include hours donated by staff to the community **while on health care organization work time** (or volunteer work sanctioned by the health care organization), overhead expenses of space donated to **nonprofit** community groups, etc., and donation of food, equipment and supplies to the organizations defined community (NOT foreign countries, other states, etc.).
- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Provide the number of programs, persons served and/or number of visits and financial loss for each service.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- Hospital contributions or matching funds provided nonprofit community organizations
- Contributions for nonprofit event sponsorship such as Relay for Life
- Contributions or fees paid for nonprofit concerts, galas, dinners and other charity events after subtracting the value of participation
- Contributions to individuals (NOT employees) for emergency assistance
- Scholarships to the community that are NOT specific to health care
- Contributions or funds provided to the community in the form of grants including, program, operating, education and training, and matching grants
- Event sponsorship contributions or general contributions made by the hospital to nonprofit/community organizations
- Meeting room overhead/space for nonprofit organizations
- General contributions to nonprofit organizations and community groups
- Equipment and medical supplies donated
- Emergency medical care provide at a community events
- Costs of coordinating a community event NOT sponsored by the health care organization such as Relay for Life
- Costs associated with board involvement in community health or welfare improvement organizations while serving on behalf of the hospital
- Laundry services for community organizations
- Technical assistance such as information technology, accounting, human resource process support, planning and marketing
- Costs of grant writing and other fund-raising costs specific to community programs and resource development assistance

What NOT to Include

- Donations or activities provided by or conducted by **employees** (such as adopt-a-family, holiday food baskets, United Way contributions, Food Bank of Iowa contributions, etc.)
- Emergency funds provided to employees
- Health and fitness club memberships or subsidies for employees
- Fees for sporting events
- Employee costs associated with board and community involvement when it is the employee's own time and he or she is NOT engaged on behalf of the hospital
- Volunteer hours provided by hospital employees on their own time for community events
- Salary expenses paid to employees employed on military service or jury duty
- Promotional or marketing costs

Report cash and non-cash or in-kind donations that support community and/or social service organizations and promote health in the community. Many other nonprofit or for-profit businesses also support communities, so:

Include donations that relate directly to the hospital's mission of providing services that address broad community health needs and provide measurable improvement in health access, health status, or use of health care resources, DO NOT include donations or activities that are undertaken for marketing or promotional purposes.

Report the costs of fundraising for community programs that do not fit into the Community Benefit Operations category under the Other Financial or In-Kind Donations to the Community below.

Continued on following page

FINANCIAL AND IN-KIND DONATIONS FOR THE COMMUNITY (CONTINUED)

For each category, add and report the total cost.

1 – Cash

	Cost(\$)
Cash Donations	<input type="text"/>
Funding for Physician, Nurse, etc., for a Community Clinic	<input type="text"/>

2 – Grants

	Cost(\$)
Grants to Community Health Initiative / Programs	<input type="text"/>
Sponsorships (Do not report sponsorships that are primarily undertaken for marketing purposes. Report sponsorships that are related to the hospital's mission to improve health status.)	<input type="text"/>

3 – In-Kind

	Cost(\$)
Charitable Donations of New or Used Equipment	<input type="text"/>
Medical Support for Community Events	<input type="text"/>
Medical Supplies for a Community Clinic	<input type="text"/>
Meeting Space / Room Usage for Community Groups	<input type="text"/>
Personnel / Administrative Support	<input type="text"/>

Other Financial and In-Kind Donations for the Community

For each Financial or In-Kind Donation entered, choose a type from the list provided.

	Type: (mark one for each description entered)	Description	Cost (\$)
1	<input type="checkbox"/> Cash <input type="checkbox"/> Grant <input type="checkbox"/> In-Kind <input type="checkbox"/> Cost of Fund-Raising	<input type="text"/>	<input type="text"/>
2	<input type="checkbox"/> Cash <input type="checkbox"/> Grant <input type="checkbox"/> In-Kind <input type="checkbox"/> Cost of Fund-Raising	<input type="text"/>	<input type="text"/>
3	<input type="checkbox"/> Cash <input type="checkbox"/> Grant <input type="checkbox"/> In-Kind <input type="checkbox"/> Cost of Fund-Raising	<input type="text"/>	<input type="text"/>
4	<input type="checkbox"/> Cash <input type="checkbox"/> Grant <input type="checkbox"/> In-Kind <input type="checkbox"/> Cost of Fund-Raising	<input type="text"/>	<input type="text"/>
5	<input type="checkbox"/> Cash <input type="checkbox"/> Grant <input type="checkbox"/> In-Kind <input type="checkbox"/> Cost of Fund-Raising	<input type="text"/>	<input type="text"/>

Continued on following page

Part 6 of the Community Benefits Survey contains the following sections:

- **COMMUNITY-BUILDING ACTIVITIES**
- **COMMUNITY BENEFIT OPERATIONS**
- **DISASTER READINESS**
- **SHARE YOUR STORIES**

COMMUNITY-BUILDING ACTIVITIES

Community-Building Activities

Part 6

This section quantifies programs and services that while NOT directly related to health care, address the root causes of health problems such as poverty, crime, environmental issues, etc. These activities support other community organizations and assets by providing expertise and resources of the health care organization.

- Costs include cash, in-kind donations and budgeted expenditures.
- If funds are given directly to an organization, report it in Part 5: Financial and In-kind Donations.
- Include staff time, travel, materials and indirect costs attributable to the reported programs and services.
- Provide the number of programs, persons served and/or number of visits, and financial loss for each service.
- Financial loss is the cost of providing the service that is NOT offset by any revenue or funding source.
- If you are a partner in a service, **report only your share of the net financial loss.**

Program Examples

- **Physical improvements** such as community gardens, neighborhood revitalization, public works, lighting, tree planting, housing rehabilitation, Habitat for Humanity activities
- **Economic development** such as small business development, participation in chamber of commerce
- **Community support** such as child care for community residents with a qualified need, mentoring programs, neighborhood watch, youth development, or disaster readiness *over and above licensure requirements*
- **Environmental improvements** such as efforts to reduce pollution in air, water; lead or radon programs; toxin removals, waste reduction
- **Leadership development** such as conflict resolution, cultural skills training, language skills, life or civic skills development, medical interpreter training for community members
- **Coalition building** such as hospital representation on community coalitions, collaborative partnerships with community groups to improve community health, costs for community coalition meetings, costs for task force specific projects
- **Community health improvement advocacy** that relates to improving access to care, public health, transportation or housing
- **Workforce development** activities that address the workforce needs of the entire community, NOT the hospital, such as recruitment of physicians and other health professionals to areas identified by the government as medically underserved; recruitment of underrepresented minorities, job creation and training programs, participation in community workforce boards or partnerships, partnerships with colleges and universities, programs to teach staff members languages spoken in the community, community based career mentoring and support, school based programs on health care careers

What NOT to Include

- Housing projects for employees
- Health facility construction improvements
- Routine financial investments in the community
- Costs related to employee military or jury duty
- Costs associated with routine disaster preparedness
- Costs related to interpreter training for hospital employees as required by law
- Costs associated with advocacy activities specific to hospital operations and financing
- Routine staff recruitment and retention
- Costs related to programs designed to address workforce issues specific to the organization
- Any costs associated with training, scholarships or tuition reimbursement. Report in Part 5: Health Professions Education
- Costs associated with staff service on the MHA, AHA, or other local, state or national health care professional organizations, task forces or committees

Continued on following page

COMMUNITY-BUILDING ACTIVITIES (CONTINUED)

Community-Building Activities focus on social conditions that contribute to health problems, such as homelessness, poverty, and other living conditions affecting the quality of life. These range from developing community leaders, disaster readiness, and support of local economic development, to health improvement advocacy. Eight types of Community-Building Activities (listed below) are used.

For each activity entered, choose a type (1-8) from the list provided. See the “Definitions” for examples of activities to count or not count.

- | | |
|--------------------------------------|--|
| 1. Physical Improvements and Housing | 5. Leadership Development/Training for Community Members |
| 2. Economic Development | 6. Coalition Building |
| 3. Community Support | 7. Community Health Improvement Advocacy |
| 4. Environmental Improvements | 8. Workforce Development |

	Type: (select 1-8 for each activity entered)	Description	Cost (\$)
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
13	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
14	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
15	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
18	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
19	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>
20	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>

Continued on following page

COMMUNITY-BUILDING ACTIVITIES (CONTINUED)

Comments for Community-Building Activities

Enter any notes for your future reference about the entries made in this section of the survey. For example, if a single line time entry covered multiple programs, enter details here. These notes will be returned to you in a working copy of your survey, but they will not appear in the formal reports.

A large rectangular box containing 25 horizontal lines for entering comments.

DISASTER READINESS

	Yes or No
Did your facility hold a Hospital Wide Disaster Drill this fiscal year?	<input type="text"/>
Did your facility participate in a Community Wide Disaster Drill this fiscal year?	<input type="text"/>
Did you enact your disaster plan this fiscal year?	<input type="text"/>

STORIES TO SHARE



Send WHA a Story

The financial results of a community benefits report are impressive, but they don't illustrate how these services and programs change, and even save lives. WHA has a Web site where hospitals can tell their stories. www.wiServePoint.org was launched in Oct 2006. This public Web site is used by members of the community, along with many others, including legislators, to find services, programs and real life stories of how every hospital in the state is working to raise the health status of the communities they serve. Don't be left out!! Send WHA a story (see examples at www.wiservepoint.org) by August 1, 2007 to ensure that is included in the Web site, and can be considered for use in the second Annual WHA Community Benefits Report 2007, which will be out in September 2007. Send stories to Mary Kay Grasmick, WHA, mgrasmick@wha.org, or call 608-274-1820 for more information.

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