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INSTRUCTIONS AND DEFINITIONS
FOR THE
ANNUAL RETURN OF HOSPITALS

PART I
FACILITIES AND SERVICES, FORM HS-1

General Directions

This booklet of Instructions and Definitions is to be used as a guide by hospitals in completing the Annual Return of Hospitals, Part I - Facilities and Services (Form HS-1). A separate booklet has been prepared for Part II - Financial Return (HS-2).

The Annual Return of Hospitals, Parts I and II, are printed in carbon-interleaved sets of six copies. These sets should be completed by typewriter in order to ensure maximum legibility on all copies. Care should be taken to avoid unnecessary marking or disfigurement.

To assist the hospitals in the preparation of the return, exact facsimile worksheets are available. It is strongly recommended that hospitals make use of these worksheets in preparing the material before final typing on the six-part carbon-interleaved pages. DO NOT forward the worksheet as a final copy of the return, but retain for reference purposes.

In the event that an error is made in the final typing, make corrections by striking out the error and type in the correct information in the same entry-space. Room has been provided for making such changes in most entry-spaces on the form.

Do not use lines specifically designated for one item for any other item. For items not specified on the form USE lines designated "OTHER....." and provide supplementary information.

On completion of the return it should be certified, by the hospital authority, on page 1 as indicated. The hospital will then forward the five top copies to the hospital insurance administration authorities of the province. The sixth copy is to be retained by the hospital for reference purposes.

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INSTRUCTIONS AND DEFINITIONS FOR THE

ANNUAL RETURN OF HOSPITALS

PART I - FACILITIES AND SERVICES

Purpose

The purpose of this manual is to assist institutions in completing the Annual Return of Hospitals, Part I - Facilities and Services (Form HS-1).

In accordance with section 32 of the Statistics Act, Form HS-1 is to be completed by all public, private, and federal hospitals in Canada, regardless of the hospital's status under the federal-provincial hospital insurance program. Excluded are institutions primarily for tuberculosis, mental disease and mental defect, which are required to complete other reporting forms, and institutions the primary purpose of which is the provision of custodial and/or domiciliary care.

Notwithstanding the foregoing, in accordance with Regulation 11 pursuant to the Hospital Insurance and Diagnostic Services Act, Form HS-1 is to be completed, insofar as the particular items have relevancy, by every hospital or other health facility, such as a provincial laboratory or a Red Cross blood depot, which is listed in a schedule to a federal-provincial hospital insurance agreement. Where floors, wings, or other segments of an institution are listed as a hospital in Part I of Schedule A to an agreement under the Hospital Insurance and Diagnostic Services Act, it is necessary that separate HS-1 forms be submitted for the whole institution and also for the portion listed as a hospital. However, since it is recognized that completion of an HS-1 in all details for such segments as are listed in an agreement may not be possible, the HS-1 form for the listed portion of the institution should be completed to the extent that availability of data will permit.

Completion of returns

It is appreciated that the completion of the comprehensive Form HS-1, which in the main covers statistics for the calendar year, may require considerable time and effort on the part of the institution, particularly in developing a system of recording the information required. If, because of inadequate or unsuitable records, the institution is unable to complete any section of the return in full, an indication of the unavailability of the data should be given. However, efforts should be made to ensure that adequate and accurate data will be available in the ensuing reporting period. If a particular service, such as gamma ray beam therapy or E.E.G., is not available in certain institutions the letters "N.Ap." (Not applicable) should be typed opposite the sections or items of the return which do not apply. Do not use lines specifically designated for one item for any other item. For items which are not specified on the forms use lines designated "Other..." and provide supplementary information.

Hospitals of less than 50 beds

It is recognized that hospitals of less than 50 beds (rated capacity) may encounter difficulties in completing certain portions of the return in the same detail as hospitals with greater capacity. These difficulties generally arise from organizational arrangements within the hospital. Special provision has been made in certain sections of the return whereby hospitals of less than 50 beds report totals if the detail is not available.

ANNUAL RETURN OF HOSPITALS

PART I - FACILITIES AND SERVICES

(PAGE 1 OF FACILITIES AND SERVICES RETURN)

IDENTIFICATION AND LOCATION

Enter the full name, street and number and postal address of the hospital(1). The name and location of the hospital reporting must be entered at the top of each page of the annual return.

CERTIFICATION

Returns must be certified by the administrator of the reporting institution. For institutions reporting in accordance with Regulation 11 pursuant to the Hospital Insurance and Diagnostic Services Act, returns must also be approved by the provincial hospital insurance authority.

SUPPLEMENTARY INFORMATION

Comments on any significant changes in the administration, organization and operation of the hospital which occurred during the year should be recorded on the blank space provided for this purpose on page 1 of the reporting form. Additional six-part carbon-interleaved blank pages are available for recording supplemental information. In particular, care should be taken to record the following:

- (1) changes in bed accommodation through the opening or closing of wings, floors or wards;
- (2) changes in salary scales for any large group of hospital personnel;
- (3) major changes in staff composition, size of staff, or personnel policies.

(PAGE 2 OF FACILITIES AND SERVICES RETURN)

CLASSIFICATION OF HOSPITAL

This section serves to identify the hospital in terms of Provincial approval, Service, and Ownership and operation. Complete all three subsections of the form for your hospital, i.e., each hospital will be classified under each of the three categories. The classification will be as at December 31 of the year covered by the return.

Provincial approval

In this subsection indicate, by a check mark in the appropriate space, whether the hospital is recognized by the province as a public hospital or as a private hospital, or falls into neither category (e.g., Federal Government hospitals) in which case it should be classed as "Other".

-
- (1) The term "the hospital", as used throughout these Instructions and Definitions, means the reporting hospital.

CLASSIFICATION OF HOSPITAL - Continued

Provincial approval - Concluded

Public - Applies to a hospital recognized by the province as a "public hospital". Such a hospital generally is not operated for profit, and accepts all patients regardless of their ability to pay.

Private - Applies to a hospital recognized by the province as a "private hospital". Such a hospital generally restricts its admissions to patients paying for the care provided at rates determined by the management.

Other - Refers to a hospital which is not officially designated as public or private by the provincial authority.

Service

A hospital may undertake to provide primarily for the treatment and care of a particular type of patient or condition, or may provide for a wide range of conditions; in this subsection indicate the service category of the hospital by a single check mark, or by specifying in "Other".

General - Applies to a hospital which provides for the treatment and care of all types of diseases or at least a wide range of conditions; for purposes of this return, women's and children's hospitals will be classified as "general", unless they restrict admissions to particular conditions in these types of patients.

Maternity - Applies to a hospital which primarily provides for the treatment and care of obstetrical patients and newborn infants.

Chronic and convalescent - Applies to a hospital which primarily provides for the treatment of conditions requiring long-term care, or for patients in a protracted recovery stage of an illness.

Rehabilitation - Applies to an institution primarily designed to provide for rehabilitation treatment of patients with a chronic condition or disability.

Nursing home - Applies to any institution temporarily listed in Schedule A of the Hospital Insurance Agreement providing insured services and required to report in accordance with Regulation 11 pursuant to the Hospital Insurance and Diagnostic Services Act.

Other (specify) - Applies to a hospital which primarily provides for the treatment of a particular type of disease, condition or case. Examples of such specified categories may include geriatric, communicable, orthopaedic, neurological, and cancer hospitals. A hospital which provides a combination of various types of service and cannot be classified in any one of the foregoing categories should also report the details here.

Ownership and operation

Consider the ownership and operation of the hospital as separate aspects of hospital functioning and check the appropriate category for each column-heading as defined below.

CLASSIFICATION OF HOSPITAL - Concluded

Ownership and operation - Concluded

Ownership - The owner of the hospital is the person, group of persons, agency, or corporate body, in whose name the lease to the real estate is held; or, if there is no lease, the registered owner according to the deed. Check only one appropriate category in the column under "Ownership", in accordance with the definitions below.

Operation - Refers to the person, group of persons, agency or corporate body which bears the day-to-day responsibility for ensuring that the hospital is able to function and provide service. Check only one appropriate category in the column under "Operation", in accordance with the definitions below.

Voluntary - Applies to a hospital owned and/or operated by a non-governmental agency to serve the community on a non-profit basis.

Lay corporation - Applies to a voluntary hospital owned and/or operated by a voluntary lay body (under provincial laws and regulations). For purposes of this return this category excludes hospitals maintained by industrial or commercial corporations.

Religious organization - Applies to a voluntary hospital owned and/or operated by a religious organization (under provincial laws and regulations).

Red Cross - Applies to a voluntary hospital owned and/or operated by the Canadian Red Cross Society or one of the provincial branches.

Municipality, union, or hospital district - Applies to a hospital owned and/or operated by a city, county, municipality, or other municipal government, or by unions or combinations of municipal governments, or by a district or other body which is empowered to levy taxes or to otherwise operate after the fashion of municipalities. Municipal operation, as well as ownership, would be indicated if the members of the governing body of the hospital are appointed, elected, or otherwise controlled by the municipal body or electorate. (The Charter of the hospital should be referred to in cases of doubt.)

Provincial government - Applies to a hospital owned and/or operated by a branch, division, or department of a provincial government or a territorial government or by a provincially-controlled institution such as a university.

Federal government - Applies to a hospital owned and/or operated by the Government of Canada; operation will generally be by one of the departments, e.g. Veterans Affairs, National Health and Welfare, or National Defence.

Proprietary - Applies to a hospital owned and/or operated by an individual or group (under provincial laws) on a profit-making basis.

Industrial - Applies to a hospital owned and/or operated by an industrial or commercial enterprise (under provincial laws) to provide hospital care to employees only, or to employees and other members of the industrial community.

Other - Applies to any hospital whose ownership or operation is not included in the foregoing. Specify in detail.

BEDS

This section is designed to report the hospital's accommodation for patients, in terms of beds and cribs for adults and children and bassinets for newborn. For this purpose beds will include cribs and cots, and bassinets will include incubators.

It is important to distinguish carefully between rated bed capacity, based on established standards of floor area per bed (see below), and beds set up for use (see p. 10 of this manual).

Rated bed capacity

Under "Rated bed capacity" show the number of beds, or of bassinets for newborn, that the hospital (or unit of the hospital) is designed to accommodate as at December 31 of the reporting year, on the basis of established standards of floor area per bed or per bassinet.

In general, the federal minimum standards established for purposes of the Federal-Provincial Hospital Construction Grant are to be used (as specified below). However, if the hospital bed capacity is rated according to provincial standards which are more restrictive (i.e., result in fewer beds) than the federal minimum standards, then the rated bed capacity based on such provincial standards may be reported here. Where provincial standards are more generous (i.e., result in more beds), then the federal minimum standards should be used. In any case in the space provided, specify the standard on which the reported rated bed capacity is based.

Where the rated bed capacity has previously been computed for present accommodation, according to the standards specified, a new estimate need not be made - i.e., the previous computation may be reported.

In computing the rated bed capacity, the free floor area usable for bed accommodation within the room is to be divided by the specified number of square feet per patient for the corresponding type of patient area. Note that the estimates are to be made room by room and expressed as the minimum whole number of beds which the unit is designed to accommodate on this basis, i.e., where a unit consists of several rooms the rated bed capacity is to be computed for each room separately and the resulting total number of beds are to be added for the unit; partial bed areas are not to be included and are not to be accumulated.

The federal minimum standards for floor areas for determining rated bed capacity in general hospitals are as follows:

<u>Type of patient area</u>	<u>Square feet</u>
Single patient's room	100
Multiple bed room	80 (min. width 11 ft. 6 in.)
Child's single room	80 (min. width 8 ft.)
Children's ward	50
Infant (not in nursery)	30
Bassinet (in nursery for newborn)	24

No patient bedroom shall be in a basement area where the floor is more than 3'6" below finished grade. To meet federal standards of fire protection, hospitals can not include upper floor areas in computing rated bed capacity unless sprinkler-protected or fire-resistant.

BEDS - Continued

Beds set up, December 31

Under "Beds set up" show the number of beds (and cribs) actually set up in the hospital, and available for accommodation of in-patients as at December 31 of the reporting year, whether or not actually occupied by a patient at that time; note particularly that the following items are to be included in, or excluded from, the count of beds, as specified:

<u>Include</u>	<u>Exclude</u>
(1) Observation ward and quiet-room beds;	(1) Labour or caseroom beds;
(2) Beds for sick staff if in the hospital proper and also available to patients;	(2) Beds in diagnostic or treatment areas designed for patient rest immediately after receiving service;
(3) Isolation beds;	(3) Beds in out-patient and emergency departments for rest or examination only;
(4) Beds set up in corridors, sunrooms, etc.;	(4) Beds in employee quarters including those used for sick staff;
(5) Bassinets set up outside the nursery and normally used for infants other than newborn;	(5) Post-anaesthesia recovery beds;
(6) Equipment in use and occupied in place of beds (such as Stryker frames, iron lungs, and rocking beds). Do not count as two beds set up, an iron lung and a rocking bed if both are being used by the same patient.	(6) Beds in storerooms and workshops;
	(7) Stryker frames, iron lungs, and rocking beds, not in use.

The count of bassinets for newborn set up should include all bassinets and incubators set up if normally used for newborn, whether located in the newborn nursery or not, e.g., if in rooms of maternity patients. Specifically include the count of bassinets in the regular, premature and suspect nurseries.

Type of unit

In this subsection, both Rated bed capacity and Beds set up will be reported according to the type of service of the unit in which the beds are located. For purposes of this subsection, a unit is a group of beds or rooms, under an organized nursing staff, which is normally used for patients with a specified type of disease or condition.

Beds and cribs:

Medicine-surgery - Enter all beds in surgical and/or medical wards or units as well as beds for general care.

BEDS - Continued

Type of unit - Concluded

Beds and cribs - Concluded

Obstetric, Paediatric, Psychiatric, Tuberculosis, and Isolation - Enter all beds in wards or units for the particular category of patient indicated. In the case of a children's hospital all beds in the hospital may be entered under "Paediatric". Record the upper age-limit applicable to children for admission to the paediatric unit.

Intensive care - A specially designated nursing unit equipped and staffed with qualified nursing personnel to provide all necessary nursing care to critically ill patients on an around-the-clock basis.

Chronic, convalescent, geriatric - Enter all beds in wards or units for a mixture of chronic, convalescent and geriatric patients. As indicated in the footnote on the schedule, when a unit is separately indentifiable as chronic, convalescent or geriatric, the beds should be entered opposite Other and the type of unit should be specified.

Rehabilitation - Enter here all beds in wards or units designed to provide for rehabilitation treatment of patients with chronic conditions or disabilities.

Other - Specify and enter all beds in special types of units not already mentioned, such as neurosurgery, ophthalmology, cardiology, etc., and also specialized long-term units as described above under "chronic, convalescent, geriatric". Where space does not permit separate reporting of all organized special units of the hospital, itemize on the blank six-part carbon-interleaved page available for reporting such information.

Bassinets for newborn - Where a hospital is physically divided to provide distinctive nursing facilities for premature infants and/or for isolation of newborn, in addition to regular facilities for newborn, the rated capacity and actual count of bassinets and incubators set up (all to be reported as bassinets) should be recorded for each unit; otherwise, nursery facilities should all be recorded under regular bassinets.

Type of accommodation

In this subsection enter the number of beds and cribs set up, as at mid-night December 31, distributed by number of beds in rooms and by pay status of the room (standard, semi-private or private accommodation). Beds not in rooms or ward quarters (e.g., in sunrooms or corridors) will be entered on line 37. The total bed count will balance against the total count for beds set up on line 25, col. 4. Type of accommodation is as follows:

Standard - Bed accommodation which the hospital normally allocates to standard ward patients.

Semi-private - Bed accommodation which the hospital normally allocates to semi-private patients and for which a corresponding semi-private differential charge is usually made.

BEDS - Concluded

Type of accommodation - Concluded

Private - Bed accommodation (usually with one bed per room) which the hospital normally allocates to private patients and for which a differential charge is usually made above the semi-private differential charge.

UTILIZATION DATA

(PAGE 3 OF FACILITIES AND SERVICES RETURN)

This section is designed to provide basic data on the movement of in-patients and days' stay. For purposes of this return, the following definitions apply:

In-patient - A patient who is duly admitted to the hospital, and to whom a bed or bassinet (as defined on p. 10) has been allocated. This category excludes stillbirths, as well as patients attending a day or night centre.

Adults and children - All in-patients, except newborn as defined below.

Newborn - An infant newly born in the hospital, or admitted with the mother who was admitted for maternity service, is a newborn for the period of his continuous stay in the hospital. (Transfer within the hospital from the newborn nursery is not to be considered as a separation.)

Admission - The formal acceptance and reception of a person (including an infant born alive in the hospital) as an in-patient. Reception involves the allocation of a hospital bed or bassinet to the patient. A person is counted as an admission each time he is formally admitted to the hospital, during the year. Admission of a newborn is deemed to occur at the time of birth or subsequently at the time of admission of the mother to the maternity service. (Patients who leave a hospital to go directly to another hospital for in-patient care, i.e., transfers-in, are to be included as admissions of the receiving hospital.)

Discharge - The official departure from the hospital of a live in-patient. (Patients who leave a hospital where they have received in-patient care to go directly to another hospital, i.e., transfers-out, are to be included as discharges of the hospital they leave.) Discharge of a newborn is deemed to occur at the time of official release by the hospital.

Death - The cessation of life of an in-patient after admission and before discharge. This category excludes stillbirths.

Separation - The discharge or death of an in-patient.

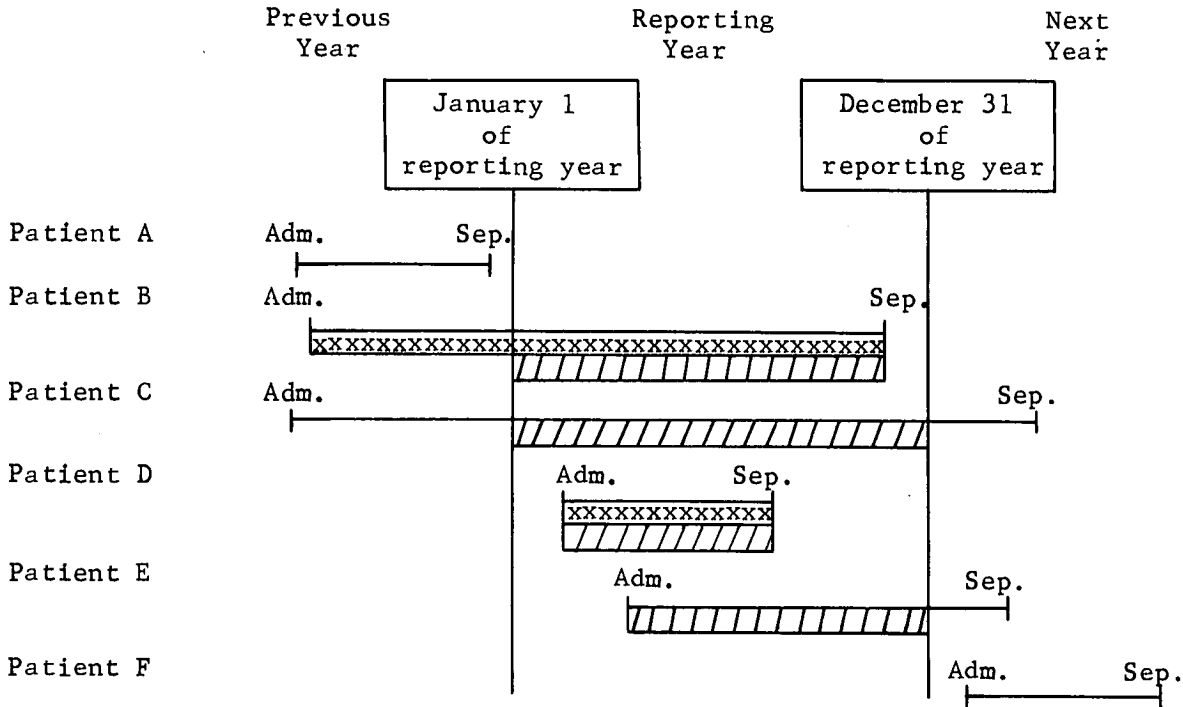
Patient-day - The period of service to an in-patient between the census-taking hours on two successive days; the day of admission is a patient-day, but the day of separation is not a patient-day. When the patient is admitted and separated on the same day, only one patient-day is to be counted.

Patient-day counts - Two entirely different counts of patient-days are available from hospitals, of which both have significant uses in measuring hospital activities. The following chart indicates the differences between the two counts of patient-days.

UTILIZATION DATA - Continued

Patient-day counts - Continued

CHART TO ILLUSTRATE DIFFERENT COUNTS OF PATIENT-DAYS



Patient-days of separations =

Patient-days during year =

Total days' stay (from date of admission) of patients separated during the year.

This count is important for the calculation of the average length of stay of hospital separations. It is obtained by counting the total patient-days from the actual admission date (regardless of the year) of all patients separated during the reporting year. The foregoing chart illustrates the days that should be included in this count.

- Patient A - No days counted, because patient not separated in the reporting year.
- Patient B - Total patient-days from admission to separation to be counted, because separation occurred in the reporting year.
- Patient C - No days counted, because patient not separated in the reporting year.
- Patient D - Total patient-days from admission to be counted, because separation occurred in the reporting year.
- Patient E & F - No days counted, because patient not separated in the reporting year.

UTILIZATION DATA - Continued

Patient-day counts - Concluded

Patient-days during the year

This is the total volume of in-patient care, expressed in patient-days, of the hospital during the year. This differs from the previous count and is used particularly in a great variety of calculations to express hospital activities on a per diem basis.

From the same chart it will be seen that the patient-days to be included in this count are as follows:

Patient A - No days counted, because no service provided during the reporting year.

Patient B - Count only the days from January 1 onward.

Patient C - Count only the days from January 1 to December 31 inclusive as days occurring in the reporting year.

Patient D - Count all days of care, because all were provided during the reporting year.

Patient E - Count days from admission to December 31, because these were days provided during the reporting year.

Patient F - Do not count any days, because no service was provided during the reporting year.

From the foregoing it is apparent that with few exceptions it is unlikely that these two counts should coincide.

Movement of in-patients (excluding stillbirths)

In this subsection record the basic in-patient data in accordance with the preceding definitions and the following instructions:

In hospital at January 1 - Enter here the number of adults and children (Col. 1), of newborn (Col. 2), and the total of both groups (Col. 3), assigned to a hospital bed or bassinet as at midnight on December 31 of the previous year. Include any in-patient who was visiting temporarily out of hospital on this date, but who had not been discharged.

Admissions during year - Enter here the number of adults and children (Col. 1), the number of newborn (Col. 2), and the total of both groups (Col. 3), who were admitted to the hospital during the year.

Total under care during year - This is the sum of (line 1) the in-patients who were in hospital at the beginning of the year and (line 2) the admissions to the hospital during the year.

Discharges during year - Enter here the number of adults and children (Col. 1), the number of newborn (Col. 2), and the total of both groups (Col. 3), who were discharged alive during the year.

UTILIZATION DATA - Continued

Movement of in-patients (excluding stillbirths) - Concluded

Deaths during the year - Enter the number of adults and children (Col. 1), the number of newborn (Col. 2), and the total of both groups (Col. 3), who died within the hospital during the year. The total of Column 3 must agree with the entry on page 4, line 14, column 3. Stillbirths must not be included in this item (see page 18 of this manual).

Total separations during year - This is the sum of (line 4) discharges and (line 5) deaths during the year.

In Hospital at December 31 - Enter here the number of adults and children (Col. 1), the number of newborn (Col. 2), and the total of both groups (Col. 3), who were assigned to a hospital bed or bassinet as at midnight on the last day of the report year. This number should coincide with the number obtained by subtracting (line 6) "Total separations during year" from (line 3) "Total under care during year".

Total days' stay (from date of ADMISSION) of patients separated during the year

Enter here the accumulated patient-days since admission of adults and children (Col. 1), and newborn (Col. 2), who were discharged from the hospital or who died in the hospital during the year, even if admitted in a previous year.

Note: This number is not the same as the number of patient-days during the year as reported on lines 12 and 19, page 3.

Distribution of patient-days during year

In this subsection show in column 3, lines 9 to 12, the distribution of patient-days during the year for adults and children by type of accommodation charged. Show in Cols. 2 and 3, lines 13 to 19, the distribution of patient-days during the year for adults and children, and for newborn, by responsibility for payment.

Type of accommodation charged - This subsection shows the distribution of patient-days according to the gross daily charge actually made by the hospital to the patient's account for his period of stay during the year (whether or not the patient occupied accommodation of this type for all the patient-days involved). Patients charged for more than one type of accommodation will have their patient-days allocated accordingly.

Standard ward - Enter patient-days during the year for which the hospital has charged the patient's account at the standard ward rate only.

Semi-private room - Enter semi-private patient-days during the year for which the hospital has actually charged differentials to the patient's account at the semi-private rate.

Private room - Enter private patient-days for which the hospital has actually charged differentials to the patient's account at the private rate.

UTILIZATION DATA - Continued

Distribution of patient-days during year - Concluded

Responsibility for payment - This subsection shows the distribution of patient-days according to the agency or person to whom the charge for the patient-days of care is made. "The charge" means the basic daily payment for each day of care; it does not refer to authorized special charges or additional charges for preferred accommodation.

For the purpose of this return resident of the province means a person legally entitled to remain in Canada who makes his home and is ordinarily present in the province; this does not include a tourist, transient, or visitor to the province. A person who moves to another province is deemed to continue to be a resident of the original province for such length of time, not exceeding three months, as he is entitled under the law of that province to receive insured services. (Regulations 3(2), 3(2A) of the Hospital Insurance and Diagnostic Services Act.)

Non-resident of the province - is a person who does not meet the foregoing definition of a resident of the province.

Insured resident - is a resident of the province who is eligible for and entitled to insured services under the Provincial Plan.

Uninsured resident - is a resident of the province who does not meet the foregoing definition of insured resident.

Provincial Plan - Enter patient-days charged to the Provincial Hospital Insurance Plan of the province in which the hospital is located.

Federal Government - Enter patient-days charged to the Department of National Health and Welfare, the Department of Veterans Affairs, the Department of National Defence, or any other federal government department or agency, whether or not the patient is a resident of the province.

Workmen's Compensation Boards - Enter patient-days charged to any Workmen's Compensation Board, whether or not the patient is a resident of the province.

Non-residents of the province - Enter patient-days charged directly to a non-resident of the province, or to a provincial plan of another province (see definition above).

Uninsured residents of the province - Enter patient-days charged directly to a patient, or to a municipality on behalf of a patient, who has attained resident status in the province but who is not insured under that province's Plan. Do not include those patient-days which were charged to any Workmen's Compensation Board or to the Federal Government.

Insured residents, care not responsibility of Provincial Plan - Enter patient-days charged directly to an insured resident patient because the Provincial Plan deems the care provided to be either unnecessary or not hospital care recognized for payment by the Plan.

UTILIZATION DATA - Continued

(PAGE 4 OF FACILITIES AND SERVICES RETURN)

Distribution of patient-days during year, by type of unit

In this subsection enter the number of days of care provided during the year for patients (adults and children) cared for in the various specific types of units designated. The allocation of patient-days by type of unit will be based on the patient-day count for each unit of the hospital as reported in the midnight census. This allocation is optional for hospitals under 50 rated beds. In general, the definition of the units conforms to the instructions relating to the distribution of beds (see p. 10 and 11 of this manual).

The total patient-days reported on page 4, line 11 must agree with the total patient-days (adults and children) during the year reported on page 3, line 12, Col. 3, and line 19, Col. 2.

Deaths, stillbirths, and autopsies

Deaths in hospital (excluding stillbirths)

Within 48 hours after admission - Deaths of in-patients occurring less than 48 hours following admission to the hospital.

48 hours and over - Deaths of in-patients occurring 48 hours or more following admission to the hospital.

Total - Count here all deaths in hospital during the year of in-patients who died during their periods of stay in the hospital. This category excludes stillbirths.

Hospital deaths during or after operations - Enter here all deaths during the year which occurred in the hospital during an operation or within ten days subsequent to the time of an operation in the hospital.

Deaths during operations - Deaths in hospital which occurred while the patient was undergoing an operation.

Post-operative deaths under 48 hours - Deaths in hospital of post-operative patients within 48 hours from the time the operation was completed.

Post-operative deaths 48 hours to 10 days - Deaths in hospital of post-operative patients after 48 hours to within 10 full days following the operation.

Maternal deaths in hospital - Enter here the number of deaths in the hospital during the year in which the cause of death is attributed to some condition of pregnancy, to some complication of labour, or to the mother's condition in the post-partum period. Note that any maternal deaths occurring during or within ten days of any Caesarean sections carried out in the hospital will also have been included in the number of hospital deaths during or after operations.

Newborn deaths - (See definition of Newborn, p. 12)

Neonatal deaths of newborn in hospital - Enter here the number of deaths in the hospital during the year of newborn (mature and immature) who died within the first twenty-eight days following birth.

UTILIZATION DATA - Concluded

Deaths, stillbirths and autopsies - Concluded

Newborn deaths - (See definition of Newborn, p. 12) - Concluded

Deaths of immature newborn in hospital - Enter here the number of deaths in the hospital during the year of newborn who weighed five and one half (5 1/2) lbs. (2500 grams) or less at birth.

Stillbirths

Enter here the number of stillbirths occurring in the hospital during the year. For this purpose a stillbirth is as defined in the legislation governing the vital statistics of the province for the year.

Autopsies

Of hospital deaths - Enter in Col. 1, the number of autopsies performed in the hospital, during the year, on bodies of in-patients who died during their period of stay in hospital, and enter in Col. 2, the number of autopsies performed outside the hospital, during the year, on bodies of in-patients who died during their period of stay in hospital.

Of other deaths (done in the hospital) - Enter here the number of autopsies performed in the hospital, during the year, on bodies of persons whose deaths occurred outside the hospital, or on bodies of persons other than in-patients who died in the hospital.

Of hospital stillbirths - Enter in Col. 1, the number of autopsies performed in the hospital, during the year, on hospital stillbirths, and enter in Col. 2 the number of autopsies performed outside the hospital, during the year, on hospital stillbirths.

(PAGE 5 OF FACILITIES AND SERVICES RETURN)

PATIENT SERVICE DEPARTMENTS (Services during the year, unless otherwise specified).

This section of the return consists of a report of the year's work activities for treatment services provided within the hospital. Do not include report of services not under the direct administration of the hospital but do indicate by appropriate footnotes identification of the agency responsible for providing the service. Services operated by volunteers or other units not covered by the hospital's budget should not be reported as hospital services but must be clearly identified according to the basis on which the service is provided.

Where particular services or activities are not provided indicate by writing "N/ap" in the appropriate space. In completing the detail of any section indicate the absence of data applicable to a particular item by a dash. Note that, where applicable, in-patients are to be distinguished from out-patients and that in addition private out-patients are to be distinguished from registered patients of the O.P.D. clinics. In this section the following definitions will apply:

In-patient - A patient duly admitted to the hospital and to whom a bed or bassinet has been allocated.

PATIENT SERVICE DEPARTMENTS - Continued

Out-patient - A patient who receives services of the hospital in attendance at the hospital under the direction of the professional personnel of the hospital but who is not admitted as an in-patient. This category includes patients attending a day or night centre. Do not include staff members receiving routine health examinations.

Referred in - A specimen, sample, or film referred into the hospital for professional service on behalf of a person who is not in attendance at the hospital for service, i.e., on behalf of a person who is neither an in-patient nor an out-patient of the reporting hospital.

Laboratory

In this subsection, laboratory work activities are to be accumulated and reported in summary on lines 2 to 8 according to the number of standard units of work carried out. Unit values are to be allotted to each procedure according to the schedule of unit values used in your hospital (check or specify schedule used on line 1). The count of procedures is to be recorded under Procedures only where it is impossible to provide a count of standard units. Copies of the recommended schedule of unit values for clinical laboratory procedures are available upon request from the provincial hospital plan authorities.

Record laboratory units for in-patients, out-patients, and total in the appropriate columns.

Lines 2 to 6 are for the reporting of work done for patients of the hospital, segregating that done in the hospital's laboratory from that done in a provincial laboratory or other laboratory. Work referred out to the central provincial laboratory only will be reported on line 4; work referred out to provincial regional laboratories or to any other outside laboratories will be reported on line 5. Work units involved in the procurement and handling of specimens, whether this relates to work done in hospital or specimens referred out, will be reported on line 3 when the procurement and/or handling are performed by laboratory personnel.

On line 7 report total standard units of work or procedures referred in to the hospital for other than patients of the hospital.

Enter on line 8 the total workload of the hospital's laboratory, i.e., the sum of lines 2, 3 and 7.

On line 9 report the number of units or procedures done in the hospital's laboratory which are applicable to patients of the organized out-patient department.

Laboratory examinations done routinely on admission - Indicate by check marks those examinations done routinely on admission to your hospital. In the space provided specify any other laboratory examinations routinely done on admission. Appropriate unit values for these procedures will, of course, have been included in detailed statistics reported.

Urinalysis - Basic routine examination of characteristics of urine such as specific gravity, reaction, protein, sugar and bile.

PATIENT SERVICE DEPARTMENTS - Continued

Laboratory - Concluded

Haemoglobin - Routine test of the haemoglobin in the blood.

Serology - Routine blood test for detection of syphilis.

Laboratory service standard units by type of procedure

An additional breakdown of all laboratory work done is to be maintained and reported in terms of standard units according to the types of procedures indicated on page 5, lines 12 to 23.

For each class of laboratory services on lines 17 to 20 incl., check one or both of the two columns of check-boxes according to whether the work was done by personnel of your laboratory and/or by personnel of other departments of your hospital.

Include work done in the hospital but outside the laboratory if it falls into the categories specified in the schedule of unit values used; e.g., B.M.R. tests done outside the laboratory will be represented by the appropriate number of work units entered opposite the item "B.M.R.". Units for "Procurement and handling of specimens" when performed by laboratory personnel should be reported opposite item 21.

(PAGE 6 OF FACILITIES AND SERVICES RETURN)

Radiology

In this subsection information is to be provided on the diagnostic and therapeutic radiology services and facilities of the hospital. Those hospitals where services are provided from units outside the administration of the hospital are to report all data which can be procured. Such hospitals, having services provided by an outside agency (e.g. a provincial government regional diagnostic unit), will clearly label the relevant sections of page 6 to indicate the agency providing the service.

It should be noted that all hospitals are required to report information on professional services concerning the interpretation of their own films whether this is done within the hospital or outside the hospital.

Diagnostic radiology

Number of examinations - Enter the number of examinations for in-patients and out-patients. An examination is defined as the procedure involving one completed film or series of films, or one or more exposures for fluoroscopy, directed at one anatomical site or region of the body during one attendance of the patient at the X-ray department (or one anywhere in the hospital if mobile equipment is used).

Routine chest X-rays - Film chest examinations made by the hospital on patients at the time of their admission or visit, as a screening test.

PATIENT SERVICE DEPARTMENTS - Continued

Diagnostic radiology - continued

Other radiographic examinations - Include all other examinations by means of diagnostic film or film series taken by the radiology department on in- or out-patients.

Fluoroscopic examinations - All examinations by means of fluoroscopy by the radiology department of the hospital whether or not films were also taken.

Note: Indicate on line 4 the number of other radiographic and fluoroscopic examinations applicable to patients of the organized out-patient department.

Number of films - Count one film for each of the following: (1) a single exposed frame on a roll of miniature X-ray film, e.g., in chest screening; (2) one miniature X-ray film sheet; (3) one sheet of exposed standard film, regardless of the number of separate exposures made in different sections of the sheet. Include those films taken during fluoroscopic examinations.

Films taken in your department - Enter here the number of films taken for each category of patient examined by the hospital. Indicate the breakdown of films into standard and miniature. Include spoiled films if the patient was exposed to radiation. A spoiled film is one which, by reason of a deficiency in the film, the exposure, or the developing process, cannot be interpreted. Exclude film used to test equipment or material if the patient was not exposed.

Standard - Exposures of standard size X-ray film.

Miniature - Fluorographic (photofluoroscopic) film.

Own films interpreted within the hospital - Enter here the number of films taken and developed by the hospital radiology department and interpreted by medical staff who are in attendance at the hospital. Interpretation of a film means the examination of the film by a physician and the preparation of a report based on such examination. Each film interpreted is to be reported only once. If interpreted by a radiologist, report on line 9; otherwise, report on line 10. The count of films interpreted will of course exclude all spoiled films.

By a radiologist - Films interpreted within the hospital by a staff doctor recognized by the hospital as a qualified radiologist.

By others - Films interpreted within the hospital by any other doctor of the hospital not recognized by the hospital as a qualified radiologist.

Own films referred-out for interpretation - Enter here the number of films taken and developed in the hospital's radiology department and referred-out for interpretation to some outside agency or other institution or private practice radiologist. Do not include any films which have already been reported on line 9 or 10.

Referred to provincial T.B. authority - Films referred-out for interpretation to the Provincial Tuberculosis Authority for which there is no direct charge to the hospital or patient.

PATIENT SERVICE DEPARTMENTS - Continued

Diagnostic radiology - Concluded

Own films referred out for interpretation - Concluded

Referred elsewhere and charged to your hospital - Films referred-out for which there is a direct charge to the hospital (whether passed on to the patient or not) for the interpretation. This includes films read by radiologists who do not visit the hospital (e.g., a mail service).

Referred elsewhere and not charged to your hospital - Films referred-out for which there is no direct charge to the hospital (whether there is a charge to the patient or not) for the interpretation.

Films referred-in to your department for interpretation - Enter here the number of films taken by some outside agency or other institutions and referred-in to the hospital's radiology department for interpretation. Do not include films which are not the responsibility of the hospital's radiology department, i.e., those which are read by a radiologist as part of his private practice.

By a radiologist - Films referred-in for interpretation by a staff doctor recognized by the hospital as a qualified radiologist.

By others - Films referred-in for interpretation by any other doctor of the hospital not recognized by the hospital as a qualified radiologist.

Diagnostic X-ray machines - Enter here the count of all X-ray units and attachments used for radiology or fluoroscopy, or for fluorography (photo-fluoroscopy). The unit is defined as a machine providing its own source of radiation. An auxiliary attachment is used for converting the X-ray source for special purposes. Do not include equipment owned by a private agency or radiologist who merely uses rented space in the hospital to carry on an independent radiology service.

Stationary - Include here the count of all installed X-ray units designed to provide standard size X-ray film.

Mobile or portable - Include here the count of small units that do not need to be installed and can be used in different locations (e.g., patient's bedside) to provide film for diagnostic purposes.

Miniature chest - Count here all fluorographic (photofluoroscopic) units that are designed and set up specifically to provide miniature photographs from a fluoroscopic exposure for diagnostic purposes.

Photofluorographic chest attachments - Enter here the count of attachments to adapt your machines for a photographic record of chest X-ray examinations.

Fluoroscopic attachments - Enter here the count of fluoroscopic attachments to adapt your machines for fluoroscopic examinations.

Cine-radiography - Include here the count of units installed to provide records on filmstrip of any fluoroscopic examination carried out on patients of the hospital.

Other - Specify here other special units or attachments such as image-

PATIENT SERVICE DEPARTMENTS - Continued

Therapeutic radiology

Include all services of the hospital providing radiation exposure (X-, beta, gamma rays) to in-patients and/or out-patients, as a form of treatment.

Superficial X-ray - Column 1 - Include machines and treatments where there is provided a continuous beam of X-ray to surface areas of the body.

Deep X-ray - Column 2 - Include installations, usually over 200 kilovolts, and treatments where there is provided a continuous X-ray beam which can be focused on internal organs of the body.

Gamma ray beam therapy - Column 3, 4 and 5 - Installations and treatments where a radioactive substance is used as the source of a directed beam of gamma rays for treatment of patients for medical conditions. Specify separately the count of each type of unit:

Cobalt therapy - Column 3 - Cobalt 60 teletherapy unit.

Radium therapy - Column 4 - Radium teletherapy unit.

Cesium therapy - Column 5 - Cesium 137 teletherapy unit.

Other radioactive therapy - Column 6 - Any other radioactive therapy carried out in the hospital, including local applications of radioactive substances such as radium needles or therapeutic dosage of radioactive isotopes.

No. of machines or units - Enter here the count of all machines designed to provide a radiation (X-, beta, gamma) beam for treatment of patients. Include all machines owned by the hospital which are providing a service within the hospital.

No. of treatments - Enter here the count of treatments during the year for all the hospital's patients (both in- and out-patients). Report separate totals of treatments given for Superficial and Deep X-ray; Cobalt; Radium; Cesium; and Other radioactive therapy, including the therapeutic use of radioactive isotopes. A "treatment" here is an exposure or series of exposures of a patient to radiation therapy during the course of one attendance at the department for treatment.

Total No. of patients treated during the year - Enter here the unduplicated count of all patients treated by therapeutic radiology during the year.

(PAGE 7 OF FACILITIES AND SERVICES RETURN)

Surgical services (during year)

Operations performed in the hospital - An operation is defined as any major or minor surgical or other operative procedures performed on one or more anatomical sites or regions of a patient, or endoscopic procedures performed, or fractures set, during one attendance in an operating room, cystoscopy room, or an emergency unit of the hospital. (Excepted from operations are Obstetrical Procedures other than Caesarian Sections, and circumcision of newborn).

PATIENT SERVICE DEPARTMENTS - Continued

Surgical services - Concluded

In column 2 report all operations including endoscopic procedures, setting of fractures, and removal of casts, on (1) in-patients and (2) out-patients, performed in an area (other than in the emergency unit) designed and equipped for such procedures and physically set apart from all other areas of the hospital. In column 3 report operations performed in the emergency unit of the hospital on (1) in-patients and (2) out-patients.

Total elapsed time of operations performed in operating room(s)-(hours) - Enter here the accumulated hours of elapsed time spent in the performance of operations on patients in the operating room. The elapsed time of an operation will be measured from the moment of making the incision or other beginning of the operative procedure to the time the procedure is completed. Do not include time spent preparing the patient, clean-up time, "stand-by time", or time spent moving the patient to or from the operating room, even if this work is done by employees of the operating room.

Total number of operations performed during year - Of the number of operations reported on line 3, column 2, above, enter the count of operations with (5) an elapsed time of 15 minutes or less each and (6) an elapsed time of more than 15 minutes but less than 30 minutes each.

Post-operative infections (in-patients) - Enter here a count for the year of post-operative infections in in-patients. Post-operative infections will be those which have been identified as such by the medical staff (or an infection committee) of the hospital.

Obstetrical services (during year)

If the hospital admits maternity patients, complete the relevant items in this part of the form even if there is not a formally organized obstetrical department.

Number of obstetrical patients delivered in hospital - Enter here the number of obstetrical patients who were, during the year, delivered of a single live birth or stillbirth, or multiple live births or stillbirths, or a combination of these, resulting from one pregnancy.

Caesarean sections - Enter here the number of maternity cases delivered by caesarean section in the hospital during the year. These will have also been included in the preceding line "Number of obstetrical patients delivered in hospital".

Note: Caesarean sections carried out in an operating room will also have been included in the number of operations under "Surgical services".

Total live births - Enter here a count of infants born alive in hospital during the year. For this purpose a live birth is as defined in the legislation governing the vital statistics of the province for the year.

The allocation of live births in columns 1, 2, and 3, to regular, premature and suspect nurseries will be made by only those hospitals reporting separate facilities for these services on page 2; other hospitals will report only under "Regular" in column 1.

PATIENT SERVICE DEPARTMENTS - Continued

Obstetrical services (during year) - Concluded

Immature births - Enter here the number of infants who were born alive in the hospital during the year, who weighed five and one-half (5 1/2 lbs.) (2,500 grams) or less at birth.

Note: These births will have been included in the number of live births reported in the preceding line.

Postnatal newborn admissions - Enter here a count of infants born outside of the hospital who were admitted to the hospital, their mothers having been admitted for maternity services.

Newborn with staphylococcal infections - Include here all newborn found during the year to be suffering from staphylococcal infections, whether established by clinical or laboratory diagnosis. Give the number of such infected newborn.

Other services or treatments - Services provided within the hospital

In the following parts of this subsection, basic data are to be reported for each of the special services provided by the hospital. Include only the activities under the direct administration of the hospital staff, unless the agency providing the service is identified on the appropriate line under the "Type of service". For each type of service provided in the hospital, enter the count of visits, interviews, treatments or examinations given during the year.

Emergency - Enter the total number of patient visits to the emergency service of the hospital for care including treatment of persons suffering from injury, shock, or other acute conditions. Count as one visit each attendance by a patient for such care.

Social service - The unit of service is the interview with or on behalf of a patient, by a social service worker on the hospital staff. An interview is a visit or discussion with the patient, or other interested party, to assist in the patient's diagnosis, treatment and aftercare, when this activity forms a material part of the patient's record. Telephone interviews which are recorded and which otherwise come within the terms of this definition, would be included in the count. For this service, report the figure for total interviews only in column 4.

Physical medicine - The unit of service is the examination of a patient within the hospital by a physician who is a specialist in physical medicine.

Occupational therapy - The unit of service is the treatment given during one continuous period of time throughout which a patient of the hospital performs one or more activities under the professional direction of one or more members of the occupational therapy staff.

Physiotherapy - The unit of service is the treatment, or series of treatments, given to a patient during one continuous period of time by a physiotherapist or diathermy technician.

PATIENT SERVICE DEPARTMENTS - Concluded

Other services or treatments - Concluded

Speech therapy - The unit of service is the treatment given during an attendance by one patient at the speech therapy department, or a visit by one or more members of the speech therapy staff to the patient in the hospital, during which the patient receives one or more forms of speech therapy.

Electroshock therapy - The unit of service is the electroshock treatment received by a patient of the hospital during one attendance at the electroshock therapy unit.

Electrocardiography and Electroencephalography - The unit of service (the examination) is the taking of a graphic record of one patient of the hospital during one attendance, regardless of the number of tracings concurrently made.

All others (specify) - Enter here counts of all visits to all other services of the hospital. A visit is defined as the treatment or series of treatments given by a specific service or department to one patient during one continuous attendance. Only where provincial authorities have so specified is it necessary to record visits to the Laboratory or Radiology departments. In such cases laboratory and/or radiology visits shall be clearly and separately identified.

Summary of organized out-patient department work of the hospital during the year

In this subsection record the number of patients and attendances during the year at the organized out-patient departments.

Organized out-patient department - A unit set up, equipped, and staffed as a separate department of the hospital, under appropriate administrative direction, to receive and to provide care for patients who are not admitted as in-patients to the hospital. Such a department normally keeps a register of the patients who attend for services.

Registered patients of organized O.P.D. - Refers to out-patients of the hospital who have been means-tested and registered for service through the organized out-patient department of the hospital.

Number of registered patients receiving service in your hospital's organized out-patient department during year - Enter here the number of such patients, i.e., the number of different individuals who attended one or more times during the year.

Number of patients' attendances at your hospital's organized out-patient department during year - A count of the visits during the year of the patients referred to on line 27.

(PAGE 8 OF FACILITIES AND SERVICES RETURN)

GENERAL SERVICE DEPARTMENTS

This section is designed to provide information regarding the volume of services, amount and type of equipment, and service arrangements for the dietary and laundry services in the hospital. It also includes a question about hospital-owned living accommodation for employees.

GENERAL SERVICE DEPARTMENTS - Continued

Dietary services

Meal-days (excluding newborn) during year

In-patients - For in patients (adults and children) the number of meal-days will correspond with the number of patient-days of care provided to adults and children during the calendar year. The meal-days reported here must agree with the patient-days reported on page 3, line 12, col. 3 of this return. Note that meal-days for newborn are excluded.

Staff and other - The number of meal-days for staff, out-patients, visitors, etc., is obtained by dividing by three the number of meals served to such persons during the year. In the event that the calculation of the number of meals served is other than by direct count, e.g., by dividing cafeteria receipts by an arbitrary sum, indicate the method used on the six-part carbon-interleaved blank pages available for recording such information.

Total - The sum of "In-patient meal-days" and "Staff and other meal-days".

Check or specify type(s) of food distribution equipment used

Check whether or not each listed item of equipment is used in the hospital.

Horizontal tray-conveyor belt - This is a continuous horizontal belt or system of rollers along which trays pass for the assembly of dishes and food.

Vertical tray-conveyor shaft - This is a vertical conveyor system involving a continuous lifting mechanism which conveys food trays to various floors of the hospital.

Dumbwaiter - This is a mechanical or manual hoist for conveying food to various floors of the hospital.

Bulk hot-food trucks - These are trucks equipped to keep bulk containers of food hot while in transit to patient areas.

Individual-tray hot-food trucks - These are trucks equipped to keep food hot on individual trays while in transit to patient areas.

Unheated tray-carts - These are open carts with shelves used to carry individual trays to patient areas.

Other - Specify any other types of food distribution equipment used in the hospital.

Check whether food service is centralized or decentralized

Indicate whether the food service in your hospital is centralized or decentralized. A centralized food service is one in which all food is prepared in a central kitchen from which it is distributed to patient areas. A decentralized food service is one in which all or a portion of the food is prepared in kitchens on each floor or ward for distribution to the patients on that floor or ward. In hospitals where the central kitchen serves only certain areas of the hospital, and floor kitchens serve other areas, both items should be checked.

GENERAL SERVICE DEPARTMENTS - Continued

Dietary services - Concluded

Check whether dishwashing is centralized or decentralized

Indicate whether dishwashing in your hospital is centralized or decentralized. A centralized dishwashing system is one whereby all dishes used in the hospital are returned to a central location for washing. A decentralized dishwashing system is one in which dishes are washed in floor kitchens or other areas on the floors or wards in which they are used. In hospitals where the central dishwashing service covers only certain areas of the hospital, and floor dishwashing services cover other areas, both items should be checked.

Check type of dishwashing system used

Indicate whether dishes in your hospital are washed by machine or in sinks.

Check responsibility for food distribution:

Indicate by a check mark in the appropriate space whether the dietary department, housekeeping department, or nursing department is responsible for delivering food:

- (a) to the floor or ward,
- (b) to the patient's bedside.

Laundry services

Number of pounds (dry) of laundry during year

Enter in the appropriate space the number of pounds of dry laundry processed in your hospital during the year, or sent out to a commercial laundry or other hospital for washing. If your hospital laundry washes linen for other hospitals, record the number of pounds of such linen on line 15; this amount will, of course, also be included on line 13.

Laundry machines

Enter in this subsection the count of machines of each type in use in your laundry as at December 31, together with the total capacity in pounds of such machines where appropriate. Do not include machines provided for personal use of employees.

Institutional type

Institutional type machines are regarded as those machines designed for commercial use, with a capacity exceeding that normally applicable to laundry equipment designed for domestic or household use. In those hospitals which have combined washer-extractors, items on lines 16 and 17 may be bracketed and one entry made for these two types of machines.

GENERAL SERVICE DEPARTMENTS - Continued

Laundry services - Concluded

Fully automatic - Under the column heading "Fully automatic", include on line 16 "Washers", the count and total capacity of self-loading, self-unloading machines in use which operate automatically according to a specified schedule. Such machines usually require a minimum of attention during the washing cycle other than supervision of the unloading process. On line 17 "Extractors", enter the count of machines, and their total capacity, where extractors are in use which have removable baskets carried back and forth between the washer and extractor by means of an overhead hoist or other automatic system. On line 18 "Tumblers (dryers)", enter the count and total capacity of automatically-loaded tumblers in use. On line 19 "Flatwork ironers", enter the number of flatwork ironers in use which are equipped with automatic spreaders and folders. On line 20 "Presswork units", enter the number of such units in use which are operated by compressed air.

Semi-automatic - Under the column heading "Semi-automatic", include on line 16 "Washers", the count and total capacity of institutional-type washing machines in use which are only partially automated; such machines are normally loaded and unloaded manually, and the various stages of the cycle must be closely supervised by a washer-man. On line 17 "Extractors", enter the count and total capacity of extractors in use which are loaded and unloaded by hand. On line 18 "Tumblers (dryers)", enter the count and total capacity of such machines in use which must be loaded and unloaded by hand. On line 19 "Flatwork ironers", enter the count of machines in use which must be fed by hand and whose finished product must be folded by hand. On line 20 "Presswork units", enter the count of such units in use which are manually operated.

Domestic type - Under the column heading "Domestic type", small hospitals or auxiliary nursing units of large hospitals are to report the count of household washing machines in use, and their total capacity, opposite the item "Washers". If these washers have "spin-dry" attachments in place of separate extractors, items on lines 16 and 17 may be bracketed. The count of domestic dryers, and their total capacity, should be entered on line 18 "Tumblers (dryers)", the count of roller irons (mangle irons) should be entered on line 19 "Flatwork ironers", and on line 20 "Presswork units" enter the count of hand irons in use.

Housing for employees

This subsection is designed to provide information on the amount of living accommodation provided by the hospital for its employees, whether or not employees are charged rent for such accommodation. Include beds intended for the use of interns, nurses, nursing students, housekeeping staff, and any other hospital employees as defined in the section on Personnel.

Number of beds in staff residence accommodation as at December 31

In column 4 report rated bed capacity of all residence accommodation according to federal construction standards for such accommodation unless provincial standards are more restrictive (i.e., result in fewer beds).

GENERAL SERVICE DEPARTMENTS - Concluded

Housing for employees - Concluded

Federal standards for nurses' rooms are as follows:

Single room - 110 sq. ft. (including cupboard space)

Double room - 150 sq. ft. (including cupboard space)

Rooms shall be a minimum width of 8' 0" and the floor if in a basement area not more than 3' 6" below finish grade.

In columns 5 and 6 enter the number of beds set up and the number actually assigned to staff as at December 31.

(PAGE 9 OF FACILITIES AND SERVICES RETURN)

PERSONNEL

This section is to provide information, as at December 31 of the reporting year, for all personnel of the hospital.

For purposes of this section the following definitions and instructions will apply throughout:

Persons employed - Persons working in the hospital as at December 31, who have, during the year, had salary or wages payable to them or on their account by the hospital in respect of their employment by the hospital. Include interns, members of religious orders occupying established positions, student nurses and affiliates-in, trainee nursing assistants, and aides. Include also, in the departments in which they are working, persons receiving on-the-job training (e.g., student laboratory and X-ray technicians, dietitians, medical records librarians, therapists). Exclude voluntary workers for whom no salaries are recorded.

Working full-time - Persons employed on a full-time basis, i.e., regularly employed throughout the department's full workweek.

Working part-time - Persons employed on a part-time basis, i.e., regularly employed on selected days or partial days in the department's workweek. Do not include persons who are not regularly employed such as casual employees, or those hired on a temporary basis to replace regular employees on vacation, sick leave, etc.

Where one person on the hospital staff fills more than one position, that individual is to be counted once only, i.e., for the category of employment in which he spends the major portion of his time. Should his paid hours be evenly distributed over several departments count him in that one position which is considered to be the most senior.

Staff separations (during year) - A staff separation is the departure of an employee, including a person in training, from employment within the hospital. A separation involving a person who was filling more than one position at the time of separation will be counted only for the category in which he was counted as being employed. Note that the transfer between hospitals of a person in training for affiliation will not be counted as a separation.

PERSONNEL - Continued

Accumulated paid hours - are to be reported separately for each department, to include full-time and part-time regular employees of the hospital who, during the year, have had salaries or wages payable to them by the hospital. Paid hours for casual employees are to be included in this column although casual employees will not be counted under "Persons employed" or "Staff separations". Accumulated paid hours will include paid hours for all persons for whom salaries are recorded. Hours covering paid holiday time and other paid leave are to be included for all categories of personnel including students.

The paid hours of hospital personnel are to be allocated as far as possible to the various departments of the hospital according to the departmental groupings designated. For personnel employed in more than one capacity or in several departments, during the year, their total paid hours and gross salaries and wages are to be allocated as far as possible to the various departments of the hospital in accordance with the time actually worked in each.

Note: Duty hours of student nurses or nursing assistant trainees are to be allocated to the departments to which they are assigned. Classroom hours of student nurses or nursing assistant trainees are to be allocated to Nursing Education. For other students such as in the laboratory, X-ray, medical records, etc., their entire time is to be allocated to the departments in which they are training.

The paid hours of residents and interns are to be distributed proportionately in accordance with the time assigned to each department.

Total personnel data by department (Items 1 to 11 are optional for hospitals under 50 beds)

The definitions of individual departments for purposes of completing this subsection are as follows:

General nursing services

The following parts of this subsection refer to staff assignments with general responsibilities within the nursing services of the hospital.

Nursing units - Refers to staff concerned with the provision of direct care to patients on the ward or nursery, including nursing supervisors and head nurses assigned to nursing units. This would also include those special duty nurses who are employed from time to time by the hospital for the necessary nursing care of specific patients.

Nursing administration - Refers to staff assignments concerned with the general management of the nursing department. This would normally include: (a) the Director of Nursing, (b) Assistant or Associate Nursing Directors (if any), (c) Supervisors who assist in supervising the nursing service as a whole during the afternoon - evening or night periods, (d) such other nursing department staff, clerical or stenographic staff as are assigned to the Nursing Administration office.

PERSONNEL - Continued

Total personnel by department - Continued

Special Nursing Services

The following parts of this subsection refer to staff assignments concerned with the provision of special treatment services in the hospital.

Operating room - A service area (other than in an emergency unit) designed and equipped for major and minor surgical procedures, endoscopic procedures, setting of fractures, and removal of casts. Includes auxiliary rooms such as post-operative recovery rooms, fracture rooms and cystoscopy rooms.

Delivery room - A service area in which the labour of pregnancy, and the expulsion or extraction of a child at birth, takes place. Includes the delivery room(s) and labour room(s) of the hospital, but excludes the maternity ward(s).

Emergency unit - An area set apart for the provision of medical or surgical care including treatment for persons suffering from injury, shock or other acute conditions.

Central supply room - A centralized unit preparing, sterilizing, sorting and distributing medical and surgical supplies.

Total General and Special nursing services

The totals reported here represent the sum of the sub-totals for general and special nursing services. For reporting purposes, when separate organized team services are set up for intravenous therapy, inclusive of a blood transfusion team, or inhalation or oxygen therapy, then data for these services should be included under Nursing Units, adults and children.

If none of the General or Special nursing services is clearly segregated the totals should be reported on line 12. This applies only to hospitals having less than 50 beds rated capacity for which the detailed departmental breakdown is optional.

Other special services

Refers to staff allocated to the various special diagnostic and therapeutic services of the hospital. If any nursing department staff are employed in the special services listed below, data for these personnel should be reported under these departments only if their hours of work for these special departments can be clearly segregated from the hours of work in the nursing services.

Pharmacy - Refers to the staff of a service area designed and equipped for the preparation, compounding and dispensing of medicines and drugs.

Laboratory (excluding Pathologists) - Refers to the staff of a service area designed and equipped for investigation of specimens. Includes bacteriology, haematology, biochemistry, immunology, parasitology, endocrinology, surgical pathology and histology, autopsy and morgue, electrocardiography, electroencephalography, metabolic and cardiopulmonary units, and medical photography.

PERSONNEL - Continued

Total personnel by department - Continued

Other special services - Concluded

Radiology (excluding Radiologists) - Refers to the staff of a service area equipped and designed for the diagnostic and therapeutic application of radiant energy from X-rays and radioactive isotopes.

Physiotherapy - Refers to staff allocated to the provision of various treatments by physical means such as remedial exercise, hydrotherapy, massage, heat, electrotherapy, diathermy, infra-red and ultra-violet waves. If the hospital's services in the field of physical medicine embrace occupational therapy, speech therapy and/or rehabilitation therapy, then, for reporting purposes, include data for these services here.

Special research projects - Refers to staff allocated to medical or administrative studies, of hospital functions or operations, under the jurisdiction of the hospital.

Ambulance - Refers to the staff allocated to operate vehicles used by hospital to provide special transport to bring patients to the hospital for examination, care and treatment, to take patients home, or to transfer them for admission to another hospital. Does not include motor services used for transporting patients between departments of the hospital or for special services provided outside the hospital. Also exclude motor services used for conveyance of hospital staff or for patient or staff recreation. These exclusions will be reported under general administration.

Organized out-patient department - Refers to staff allocated to a unit equipped and set up as a separate department of the hospital, under appropriate administrative direction, to receive and to provide care or treatment for patients who are not admitted as in-patients to the hospital. Such a department normally keeps a register of the patients who attend for services.

Other special services - Report here staff allocation to all other special clinical, diagnostic, and/or therapeutic services of the hospital, not elsewhere specified (e.g., dental clinic), where these are special organized departments of the hospital. Do not include units located in the hospital and operated by outside agencies not under the jurisdiction of the hospital. Where space does not permit separate recording of all organized special services of the hospital, itemize on the blank six-part carbon-interleaved page available for reporting such information. (Note that for reporting purposes, when separate organized team services are set up for intravenous therapy, including a blood transfusion team, and inhalation or oxygen therapy, data for these services are to be included under Nursing Units, adults and children; occupational therapy, speech therapy and/or rehabilitation therapy, are to be included under "Physiotherapy".)

PERSONNEL - Continued

Total personnel by department - Continued

(PAGE 10 OF FACILITIES AND SERVICES RETURN)

Supplemental services

For purposes of reporting the following definitions and instructions will apply:

Medical records and medical library - An area set up to secure and preserve medical records, as well as to provide facilities for research and study.

Nursing education - A department, the principal functions of which are the operation of a school of nursing and formal training for nursing assistants, orderlies, etc. This would normally include (a) the senior nurse responsible for the administration of the School of Nursing (e.g., Associate Director, Nursing Education), (b) clinical instructors, (c) clerical or stenographic staff assigned to Nursing Education, (d) house mothers, (e) students of the school.

On line 2, "Nursing education" - the number of persons working full-time (col. 1) should include student nurses and/or trainee nursing assistants (including affiliates-in but excluding affiliates-out); the number of staff separations from full-time employment (col. 3) will include the student withdrawals or graduations involving separation from the hospital during the year; accumulated paid hours (col.5) will include the aggregate of classroom hours for students. Duty hours of student nurses or trainee nursing assistants are to be allocated to the departments in accordance with the time actually assigned to each.

Medical education - The hospital activities of graduate and under - graduate interns and residents.

Note: The paid hours, including sick and vacation time, for residents and interns are to be distributed proportionately in accordance with the time each intern or resident is actually assigned to each department.

Social service - A department under the direction of a social worker which primarily assists patients and their families with personal or environmental problems which interfere with the patients' recovery or improved social functioning, using the methods of social casework or groupwork. The staff of the department also provide consultative services, and participate in educational and research programs.

Other supplemental services - Include and specify staff allocations to all other organized supplemental services; e.g., patient education services.

PERSONNEL - Continued

Total personnel by department - Concluded

General services

The following departments are included under General Services:

General administration - A service contributing to the over-all administration of the hospital. Includes such sub-departments as the offices of the administrator and/or medical director, business office, switchboard and reception, admitting office, personnel department, employee health service, chaplain service, purchasing and stores, nurses' and patients' library, paid director of volunteer services, public relations.

Dietary - A department responsible for the administration of the general food service, the diet of patients, and the education in hospital dietetics of student nurses and student dietitians. Include the hospital staff of a pay cafeteria.

Laundry - A department responsible for the operation of laundry activities.

Linen service - A department responsible for manufacture, repair and distribution of linen.

Housekeeping - A department responsible for cleaning the hospital, including the staff residences.

Operation of physical plant - A department concerned with the supply of water, light, heat, and power, and with their transmission.

Maintenance of physical plant - A department responsible for carrying out the repairs to the plant and its equipment, and for maintaining the grounds and roads of the hospital.

Ancillary operations - Refers to staff engaged in activities of the hospital which are not related to the care of patients, such as the operation of flower, gift, barber shops, farm, etc., but not including a pay cafeteria.

Persons employed in selected professional and technical categories

Hospital Administrator

This subsection refers exclusively to the chief administrative officer employed by the hospital who has the over-all responsibility for the daily operation of the hospital; information for assistant hospital administrators will be entered on page 11, line 1. Where the medical director, director of nursing, or secretary is also the hospital administrator, complete this sub-section and note his/her other responsibilities on line 22. Note that the appropriate data for the Administrator will also have been included under General Administration on page 10, line 8 of the HS-1 form.

PERSONNEL - Continued

Persons employed in selected professional and technical categories - Continued

Hospital administrator - Concluded

Years of experience in hospital administration - Include only those years spent working as a hospital administrator or as an assistant administrator.

Employment - Full-time, Part-time - Indicate by a check mark whether this officer was employed by the hospital on a full-time or part-time basis.

Degree or diploma in hospital administration - Enter a check mark for a degree or diploma if the administrator has completed full-time formal training as a hospital administrator in a recognized school or centre for training hospital administrators.

Medical degree - This item will be checked if the administrator holds a medical degree from a recognized school of medicine.

Registered nurse - This item will be checked if the administrator holds current registration as a nurse in the province in which the hospital is located.

Extension course graduate in hospital administration - When the hospital administrator has completed a course of training in hospital administration through a recognized extension course from a school of hospital administration, specify the course completed.

Other related training - Enter here other training such as short-term formal training in hospital administration or other formal training such as at university. For persons with only practical experience as administrators, enter "practical experience".

Other responsibilities in the hospital, if any - Specify other hospital duties also carried out by the hospital administrator.

(PAGE 11 OF FACILITIES AND SERVICES RETURN)

Selected professional and technical personnel (Excluding students)

Report in this section data for persons employed as at December 31, in special categories of employment listed. Please note that the appropriate data for these personnel would also be included on pages 9 and 10.

Monthly full-time salary range - The full range of monthly salary rates established by the hospital for the category of personnel designated, at December 31 (including, where applicable, the value of board and room allowances). Indicate by footnote whether perquisites are included or not in the rates stated. For personnel categories having several grades with different salary ranges, give here the over-all range, i.e., the minimum and maximum for the category, but include in a supplementary statement (six copies) a specification of the grades and the corresponding minima and maxima as well as the number of persons involved.

PERSONNEL - Continued

Persons employed in selected professional and technical categories - Continued

Selected professional and technical personnel - Concluded

Persons employed - Columns 1 and 2 - Enter in these columns, on the odd-numbered lines, the number of persons employed in the categories specified who hold the relevant professional or technical qualifications. Entries on the even-numbered lines will be data for those professional or technical personnel who are not qualified as specified below.

Assistant hospital administrators - Successful completion of formal training through a recognized school or centre for training hospital administrators. Including the C.H.A. sponsored hospital organization and management course.

Dietitians - Successful completion of an approved dietetic internship following a degree in Household Science or Home Economics from a recognized university, with major credit in Foods and Nutrition, or qualifications approved by the Canadian Dietetic Association.

Medical record librarians - Registration with the Canadian Association of Medical Record Librarians as a qualified medical record librarian.

Laboratory technologists - Registration by the Canadian Association of Laboratory Technologists as a qualified laboratory technologist.

Radiological technicians - Registration with the Canadian Society of Radiological Technicians; or the American Registry of Radiological Technicians, as a qualified radiological technician.

Combined laboratory and radiological technicians - Successful completion of a provincially-approved course for combined laboratory and radiological technicians.

Physiotherapists - Graduation in a course in physiotherapy from a recognized university; or qualifications approved by the Canadian Physiotherapy Association.

Occupational therapists - Graduation in a course in occupational therapy from a recognized university; or qualifications approved by the Canadian Association of Occupational Therapy.

Pharmacists - Graduation in a course in pharmacy from a recognized university; or registration under the Pharmacy Act of the province.

Psychologists - Successful completion of a post-graduate degree course in a recognized university, with specialization in psychology.

Social workers - Graduation from a school of social work of a recognized university; or qualifications approved by the Canadian Association of Social Workers.

PERSONNEL - Continued

Persons employed in selected professional and technical categories - Continued

(PAGE 12 OF FACILITIES AND SERVICES RETURN)

All nursing department staff

Enter here personnel data concerning the staff of the nursing department of the hospital including nursing administration and nursing education. The personnel to be included in this section will be those defined below:

Note: The appropriate data for all nursing staff (including all paid hours for student nurses) will also have been included on page 9 and 10.

Graduate nurses - Persons who have graduated from a school of nursing approved by the legally-appointed body in the province and qualified to take examination for Registered Nurse.

Graduate nurses - nursing directors - Includes persons trained to the level of graduate nurse who are directors, associate directors and assistant directors of nursing services and nursing education.

Graduate nurses - nursing supervisors - Includes persons trained to the level of graduate nurse responsible for the supervision of two or more nursing units or one or more special units within the nursing department such as obstetrical units, operating room suite, etc., or evening or night supervision of the nursing service as a whole.

Graduate nurses - head nurses - Includes persons trained to the level of graduate nurse and responsible for the nursing care of patients, ward administration and supervision of nursing staff in one nursing unit of the hospital.

Graduate nurses - assistant head nurses - Includes persons trained to the level of graduate nurse and responsible for assisting the head nurse in the administration and supervision of a nursing unit.

Graduate nurses - teaching - Includes all professional nursing personnel trained to the level of graduate nurse and whose responsibility is the training of graduate nurses, student nurses or auxiliary nursing personnel. Include Clinical Instructors under this heading.

Graduate nurses - general duty - Refers to professional nursing personnel trained to the graduate level and carrying out regular bedside nursing duties on the wards of the hospital.

Graduate nurses - other - Refers to professional nursing personnel trained to the graduate level and assigned to special nursing services of the hospital. This includes nurses assigned to the plaster room, dressing room, operating room, emergency unit, delivery room, O.P.D., etc., excluding supervisory categories of personnel.

Student nurses - Persons who are undertaking a formal course of study and are undergraduates in an approved school of professional nursing. This includes probationers and affiliates-in, but excludes affiliates-out.

PERSONNEL - Continued

Persons employed in selected professional and technical categories - Concluded

All nursing department staff - Concluded

An "affiliate-in" is a person who is enrolled in an outside school of nursing but who is receiving training in the reporting hospital; an "affiliate-out" is a person who is enrolled in the reporting hospital's school of nursing but who is receiving training in another hospital.

In reporting accumulated paid hours during the year for all student nurses include both duty and classroom time.

Qualified nursing assistants - Persons who have completed a formal course of training below the level of a graduate nurse. This term includes certified nursing assistants and certified nursing aides, licensed or certified practical nurses, psychiatric nurses, maternity nurses, operating room technicians, and persons of similar status, whose course has not qualified them to take examination for Registered Nurse.

Trainee nursing assistants - Persons who are undertaking a formal course of training below the course of a graduate nurse. This includes affiliates-in and excludes affiliates-out (see page 38).

Orderlies - Include orderlies and student orderlies employed by the hospital.

Other nursing department personnel - All other nursing department personnel not entered elsewhere, including ward clerks, secretarial staff, ward aides, and "garde-bébés".

Paid medical staff

Complete this subsection for all physicians, surgeons, interns, residents, and dentists receiving remuneration from the hospital. In the column "With specialist qualifications", indicate separately for full-time and part-time staff the number with specialist certification, but only when the certification relates to the specialty in which engaged in the hospital. Certification is carried out by the Royal College of Physicians and Surgeons of Canada, Provincial Colleges of Physicians and Surgeons, the American Examining Board in Medical Specialties (Accredited), or equivalent bodies in the United Kingdom, Australia, or New Zealand.

Gross remuneration during year - The gross salaries and wages earned during the year by all medical personnel whether or not actually paid during the year. It shall comprise salaries, wages and other remuneration earned by paid medical personnel including special allowances paid and perquisites supplied to such personnel; include any payments, perquisites, and special allowances to physicians for services rendered.

Medical director

Enter here information relating to a medical director who has not already been reported under "Hospital administrator" (include any assistant medical directors under "Other paid medical staff").

PERSONNEL - Continued

Paid medical staff - Concluded

Radiologist, Pathologist

Enter here information for physicians employed in the specialties indicated.

Residents and senior interns -

Enter here information concerning residents and senior interns of the hospital.

Junior interns

Enter here information concerning junior rotating interns of the hospital. Includes interns on affiliation from another hospital in which they are registered for training; excludes interns on affiliation to another institution for training.

Other paid medical staff

Include here physicians, such as general practice physicians, or specialists not indicated above, if they meet the above definition of "Paid medical staff".

(PAGE 13 OF FACILITIES AND SERVICES RETURN)

Distribution of paid hours of nursing department staff (during year)

This subsection provides for a breakdown of the paid hours accumulated during the year for personnel employed in the nursing department.

The departmental allocation of graduate nurses paid hours when totalled on line 14, Col. 1 will equal the sum of hours entered on page 12, lines 1 to 7 inclusive, column 7. Similarly the departmental distribution of paid hours of other categories of nursing personnel, when totalled on line 14, page 13 will equal the hours shown for each appropriate category on lines 8 to 12, page 12.

This subsection is optional for hospitals with less than 50 beds who need complete only line 14.

TRAINING FACILITIES

This section deals with the provision of formal training courses within the hospital, either under the auspices of the hospital itself or in affiliation or by arrangement with other agencies.

A - Does your hospital operate a school, or provide facilities for a provincially recognized course, to train persons?

This question is intended as a general screening question for the hospital with respect to the completion of the training facilities section of the return.

TRAINING FACILITIES - Concluded

(PAGE 14 OF FACILITIES AND SERVICES RETURN)

A - Does your hospital operate a school, or provide facilities for a provincially recognized course, to train persons? - Concluded

For hospitals involved in carrying out a formal training program for any of the categories of personnel specified on line 15, they will be required to complete the relevant information in subsections B, C, and D. If no training is provided to these categories of personnel proceed to subsections E, F, and G of this section and enter any relevant data applicable to your hospital.

In answering subsections B and C, the hospital is to report training facilities, in B if the hospital provides both classroom and clinical facilities, or in C if it provides only the basic clinical facilities.

Each of the items listed under subsections B and C is to be answered for the training of the personnel categories specified at the top of each column appropriate to B or C.

In subsection B, line 1, the approval referred to is that by a provincial government department, a provincial or national association for the category of personnel concerned, or other official body. On line 4, "Potential first-year student capacity of course", show the number of new students (first year only) the school could accommodate each year. On line 5 show only the actual number of new students (first year only) who enrolled during year. This figure should not be greater than the entry on line 4. Line 6, total number of students enrolled at December 31, is to include all students enrolled at end of report year, including affiliates-out but excluding affiliates-in. It should be noted that the entry here for student nurses may not agree with the number of student nurses reported on page 12 of the Return, because of differences with respect to affiliates.

Details requested on lines 12 to 15 will apply particularly to the nursing categories; if these specific headings do not coincide with periods of time for increments applicable to students, delete same and insert appropriate stub headings.

(PAGE 15 OF FACILITIES AND SERVICES RETURN)

In subsection C, a course refers to that portion of a training program which provides clinical instruction to affiliated students from some other school or agency. Line 4 refers to the potential maximum student capacity of a single course conducted for the specified training program.

Subsection D is to be completed by those hospitals which operate a school offering formal courses which lead to qualification as graduate (registered) nurses. For each field of training mentioned, state also the length of training and kind or name of institution as appropriate. Hospitals which provide only clinical experience in a post-graduate specialty to students from some other nursing school will report their training on lines 13 and 14.

Subsections E, F, and G refer to internship facilities and training facilities for certain other types of personnel.

Make constant reference
to Instructions and Def-
initions, Part I, when
completing this form.

ANNUAL RETURN OF HOSPITALS

For the year ended
December 31, 1966

PART I - FACILITIES AND SERVICES**IDENTIFICATION AND LOCATION**

Name of hospital _____
Street and number _____ Postal address _____
City, town, etc. _____ County or district _____ Province _____

CERTIFICATION

I hereby certify that to the best of my knowledge the data contained in this return represent a true statement concerning the facilities and services of this hospital.

This return has been completed in accordance with the Statistics Act and with the requirements of the Hospital Insurance and Diagnostic Services Act, the Regulations thereunder, and the Agreement, and is approved.

.....
Hospital Administrator (signature)

.....
Provincial Authority

.....
Date

.....
Date

SUPPLEMENTARY INFORMATION

Special explanatory notes on significant changes during the year, as described in the Instructions and Definitions, Part I:

WORKSHEET ONLY**ANNUAL RETURN OF HOSPITALS - PART I**

(Name of hospital)

(City, town, etc.)

(2)

CLASSIFICATION OF HOSPITAL - Check all appropriate items (as at Dec. 31).

1. Provincial approval (check one): ☐ Public ☐ Private ☐ Other

2. Service (check one or specify): ☐ General ☐ Maternity ☐ Chronic and convalescent ☐ Rehabilitation

3. ☐ Nursing Home Other (specify)

Ownership and operation (check the appropriate category; one only in each column.):

Voluntary:	Ownership	Operation	Please leave blank
4. Lay Corporation	<input type="checkbox"/>	<input type="checkbox"/>	
5. Religious organization	<input type="checkbox"/>	<input type="checkbox"/>	
6. Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	
7. Municipality, union, or hospital district	<input type="checkbox"/>	<input type="checkbox"/>	
8. Provincial government	<input type="checkbox"/>	<input type="checkbox"/>	
9. Federal government	<input type="checkbox"/>	<input type="checkbox"/>	
10. Proprietary	<input type="checkbox"/>	<input type="checkbox"/>	
11. Industrial	<input type="checkbox"/>	<input type="checkbox"/>	
12. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
12.	<input type="checkbox"/>	<input type="checkbox"/>	

BEDS**Type of unit - Enter rated bed capacity and beds set up as at December 31.**13. Check whether ☐ federal or ☐ provincial standards have been used for rated bed capacity.

Unit	Rated bed capacity, Dec. 31	Beds set up, Dec. 31
2	3	4
Beds and cribs:		
14. Medicine - surgery	14	
15. Obstetric (maternity)	15	
16. Paediatric (children) - (specify upper age limit)	16	
17. Psychiatric	17	
18. Tuberculosis	18	
19. Isolation	19	
20. Intensive care	20	
21. Chronic, convalescent, geriatric (if separate units, specify each under "Other")	21	
22. Rehabilitation	22	
23. Other (specify)	23	
24.	24	
25. Total beds and cribs	25	
Bassinets for newborn:		
26. Regular	26	
27. Premature	27	
28. Suspect	28	
29. Total bassinets	29	

Type of accommodation - Enter number of beds and cribs set up as at December 31.

Item	Beds and cribs set up, Dec. 31			
	Standard	Semi-private	Private	Total
	1	2	3	4
30. Number of beds in rooms having 1 bed each	30			
31. Number of beds in rooms having 2 beds each	31			
32. Number of beds in rooms having 3 beds each	32			
33. Number of beds in rooms having 4 beds each	33			
34. Number of beds in rooms having 5 - 7 beds each	34			
35. Number of beds in rooms having 8 - 25 beds each	35			
36. Number of beds in rooms having over 25 beds each	36			
37. Number of beds not in rooms	37			
38. Total beds and cribs (col. 4 equals line 25, col. 4, above)	38			

WORKSHEET ONLY**ANNUAL RETURN OF HOSPITALS - PART I**

(Name of hospital)

(City, town, etc.)

(3)

UTILIZATION DATA**Movement of in-patients (excluding stillbirths) - Enter number of in-patients.**

Item	Adults and children	Newborn	Total
	1	2	3
1. In hospital at January 1.....01			
2. Admissions during year.....02			
3. Total under care during year (1 plus 2).....03			
4. Discharges during year.....04			
5. Deaths during year (col. 3 agrees with page 4, line 14, col. 3).....05			
6. Total separations during year (4 plus 5).....06			
7. In hospital at December 31 (3 minus 6).....07			
8. Total days' stay (from date of ADMISSION) of patients separated during the year.....08			

Distribution of patient-days during year - Enter number of patient-days.

Item	Patient-days
	Adults and children
	3
Type of accommodation charged:	
9. Standard ward.....09	
10. Semi-private room.....10	
11. Private room.....11	
12. Total patient-days during year.....12	†

† Total for line 12, col. 3 equals total for line 19, col. 2, each representing total patient-days during year for all adults and children. (Agrees with total on page 4, line 11, col. 3.)

Item	Patient-days	
	Adults and children	Newborn
	2	3
Responsibility for payment:		
13. Provincial Plan.....13		
14. Federal Government.....14		
15. Workmen's Compensation Boards.....15		X X X X
16. Non-residents of the province.....16		
17. Uninsured residents of the province.....17		
18. Insured residents, care not responsibility of Provincial Plan.....18		
19. Total patient-days during year.....19	†	

ANNUAL RETURN OF HOSPITALS - PART I

 (Name of hospital) (City, town, etc.) (4)

Distribution of patient-days during year, by type of unit.

Distribution of patient-days during year, by type of unit.
Enter patient-days as indicated. Items 1 to 11 are optional for hospitals under 50 beds.

Enter patient-days as indicated. Items 1 to 11 are optional for hospitals under 50 beds.		Patient-days during year
Type of Unit		Adults & children
		3
1. Medicine – surgery	01	
2. Obstetric (maternity)	02	
3. Paediatric (children)	03	
4. Psychiatric	04	
5. Tuberculosis	05	
6. Isolation	06	
7. Intensive care	07	
8. Chronic, convalescent, geriatric	08	
9. Rehabilitation	09	
10. Other	10	
11. Total patient-days during year (agrees with page 3, line 12, col. 3)	11	

Item	Number
	3
12. Deaths in hospital (excluding stillbirths) — within 48 hours after admission	12
13. 48 hours and over	13
14. Total (agrees with page 3, line 5, col. 3)	14
15. Hospital deaths during or after operations — deaths during operations.....	15
16. post-operative deaths under 48 hours.....	16
17. post-operative deaths 48 hours to 10 days.....	17
18. Total	18
19. Maternal deaths in hospital.....	19
20. Newborn deaths — neonatal deaths of newborn in hospital (mature and immature).....	20
21. deaths of immature newborn in hospital.....	21
22. Stillbirths.....	22

		Done in hospital	Done outside hospital	Total
		1	2	3
22. Stillbirths.....	22			
23. Autopsies — of hospital deaths.....	23			
24. of other deaths.....	24		X X X X	
25. of hospital stillbirths.....	25			

WORKSHEET ONLY**ANNUAL RETURN OF HOSPITALS - PART I**

(Name of hospital)

(City, town, etc.)

(5)

PATIENT SERVICE DEPARTMENTS (services during the year, unless otherwise specified)**Laboratory** - Enter number of standard units as applicable for patients of the hospital; report a count of procedures **only** if units are not available.1. Check or specify schedule of unit values that has been used: ☐ federal ☐ provincial ☐ other (specify) _____

	Standard units			Procedures		
	In-patients	Out-patients	Total	In-patients	Out-patients	Total
Laboratory work done in hospital for patients of the hospital 02	1	2	3	4	5	6
Procurement and handling of specimens 03				x x x x	x x x x	x x x x
Work referred out to provincial laboratory 04						
Work referred out to other laboratory 05						
Total work for patients of the hospital 06			†			†
6. (2 + 3 + 4 + 5) 06						
Work referred in to hospital laboratory 07	x x x x	x x x x		x x x x	x x x x	
Total work done in hospital laboratory 08	x x x x	x x x x		x x x x	x x x x	
8. (2 + 3 + 7) 08						

4

6

† Of these, indicate the number applicable to patients

9. of organized out-patient departments: Standard units _____ Procedures _____

10. Laboratory examinations done routinely on admission (check or specify): 4 ☐ Urinalysis 5 ☐ Haemoglobin11. 1 ☐ Serology 2 ☐ Other (specify) _____

Laboratory service standard units by type of procedure:

Type of Procedure	Units done in hospital			Units referred out	
	In-patients	Out-patients	Referred-in	In-patients	Out-patients
12. Haematology 12	2	3	4	5	6
13. Biochemistry - urines 13					
14. Biochemistry - bloods and other 14					
15. Bacteriology (including public health) 15					
16. Autopsy, surgical pathology and cytology 16					
17. Blood Bank 17	<div>Check whether work done by</div> <div>Lab. Other</div>				
18. B.M.R. 18					
19. E.C.G. 19					
20. E.E.G. 20					
21. Procurement & handling of specimens 21			x x x x	x x x x	x x x x
22. Other 22					
23. Totals agree with 23	lines 2+3, col. 1	lines 2+3, col. 2	line 7, col. 3	lines 4+5, col. 1	lines 4+5, col. 2

WORKSHEET ONLY**ANNUAL RETURN OF HOSPITALS - PART I**

(Name of hospital)

(City, town, etc.)

(6)

PATIENT SERVICE DEPARTMENTS (services during the year, unless otherwise specified) - continued**Radiology**

Diagnostic radiology - Enter, as indicated, the number of examinations and films during year.

Item	In-patients	Out-patients	Total for your department			
1. Number of examinations - Routine chest X-rays.....01	4	5	6			
2. Other radiographic examinations.....02		↑				
3. Fluoroscopic examinations.....03		↑				
† Of these indicate the number of examinations applicable to patients of the organized out-patient department:						
	4		6			
4. Other radiographic.....04		Fluoroscopic				
Number of films:						
Films taken in your department -						
5. Standard - routine chest X-rays.....05						
6. - other radiographic examinations06						
7. Miniature.....07						
8. Total (5 + 6 + 7).....08						
Own films interpreted within the hospital -						
9. By a radiologist.....09						
10. By others.....10						
11. Total (9 + 10).....11						
Own films referred out for interpretation -						
12. Referred to Provincial T.B. authority.....12						
13. Referred elsewhere and charged to your hospital.....13						
14. Referred elsewhere and not charged to your hospital.....14						
15. Total (12 plus 13 plus 14).....15						
Films referred in to your department for interpretation -						
16. By a radiologist.....16						
17. By others.....17						
18. Total (16 plus 17).....18						
Diagnostic X-ray machines - (enter count of machines and attachments of specified types as at December 31):						
	2	4	6			
19. stationary.....2	mobile or portable.....4	miniature chest.....6				
20. photofluorographic chest attachments.....2	fluoroscopic attachments.....	cine radiography.....				
21. other (specify).....						
Therapeutic radiology - (exclude diagnostic radioisotopes) (include data for both in-patients and out-patients):						
Item	Superficial X-ray	Deep X-ray	Gamma ray beam therapy			Other radio-active therapy
	1	2	Cobalt therapy	Radium therapy	Cesium therapy	6
22. No. of machines or units.....22			3	4	5	
23. No. of treatments.....23						
24. Total no. of patients treated during the year.....24	2					
25. Does your hospital operate a radioactive isotope program? (check):			Diagnostic	Therapeutic	None	

WORKSHEET ONLY**ANNUAL RETURN OF HOSPITALS - PART I**

(Name of hospital)

(City, town, etc.)

(7)

PATIENT SERVICE DEPARTMENTS (services during the year, unless otherwise specified) - concluded**Surgical services (during year)**

		Operating room(s)	Emergency unit	Total
Operations performed in the operating room(s) or emergency unit of the hospital:	01	2	3	4
1. In-patient operations	01			
2. Out-patient operations	02			
3. Total	03			
4. Total elapsed time of operations performed in operating room(s) - (hours)	04		x x x	x x x
Total number of operations performed during year in operating room(s):				
5. with elapsed time of 15 minutes or less each	05			
6. with elapsed time of more than 15 but less than 30 minutes each	06			
7. Post-operative infections (in-patients)	07			

Obstetrical services (during year)

8. Number of obstetrical patients delivered in hospital	08	
9. Caesarean sections (included in 8 above)	09	

Initially admitted to:			
Regular nursery	Premature nursery	Suspect nursery	Total
1	2	3	4
10. Total live births	10		†
11. Immature births (included in 10 above)	11		
12. Postnatal newborn admissions	12		†

† Total live births plus postnatal newborn admissions should equal total newborn admissions, page 3, line 2, col. 2

13. Newborn with staphylococcal infections	13	
--	----	--

Other services or treatments to patients

Services provided within the hospital - Enter number of visits, treatments, etc., during the year.
Identify on the appropriate line any outside agencies providing specific services to patients.

Type of service	Service provided	In-patients	Out-patients		Total
			Registered patients of organized O.P.D.	Other out-patients	
		1	2	3	4
14. Emergency	Visit				
15. Social service	Interview	x x x	x x x	x x x	
16. Physical medicine	Visit				
17. Occupational therapy	Treatment				
18. Physiotherapy	Treatment				
19. Speech therapy	Treatment				
20. Electroshock therapy	Treatment				
21. Electrocardiography	Examination				
22. Electroencephalography	Examination				
23. All others (specify)	Visit				
24.	Visit				
25.	Visit				
26.	Visit				

Summary of organized out-patient department work of the hospital during the year:

27. Number of registered patients receiving service in your hospital's organized out-patient department during year	27	
28. Number of patients' attendances at your hospital's organized out-patient department during year	28	

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GENERAL SERVICE DEPARTMENTS**Dietary services**

Meal days (excluding newborn) during year:

2

1. In-patients⁰¹2. Staff and other⁰²3. Total meal days⁰³

(Must agree with patient-days, page 3, line 12, col. 3.)

Check or specify type(s) of food distribution equipment used:

4. Horizontal tray-conveyor belt⁰⁴ ☐5. Vertical tray-conveyor shaft⁰⁵ ☐6. Dumbwaiter⁰⁶ ☐7. Bulk hot-food trucks⁰⁷ ☐8. Individual-tray hot-food trucks⁰⁸ ☐9. Unheated tray-carts⁰⁹ ☐10. Other (specify)¹⁰ ☐⁰⁴ Check whether food service is (a) centralized ☐⁰⁵ or (b) decentralized ☐⁰⁶ Check whether dishwashing is (a) centralized ☐⁰⁷ or (b) decentralized ☐⁰⁸ Check type of dishwashing system used: (a) machine ☐⁰⁹ (b) sink ☐

Check responsibility for food distribution:

11. to floor¹¹12. to patient¹²

Dietary Department	Housekeeping Department	Nursing Department
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laundry services

Number of pounds (dry) of laundry during year:

13. done in your hospital¹³14. sent out¹⁴15. received from other hospitals (included in 13 above)¹⁵

Laundry machines - Enter count of machines of specified types as at December 31. Specify total capacity of each category of machine. Do not include machines provided for the personal use of employees.

Item	Institutional type				Domestic type	
	Fully automatic		Semi-automatic			
	No.	Total capacity, lbs.	No.	Total capacity, lbs.	No.	Total capacity, lbs.
	1	2	3	4	5	6
16. Washers ¹⁶						
17. Extractors ¹⁷						
18. Tumblers (dryers)..... ¹⁸						
19. Flatwork ironers..... ¹⁹		X X X X		X X X X		X X X
20. Presswork units ²⁰		X X X X		X X X X		X X X

Housing for employeesNumber of beds in staff residence accommodation as at December 31,
(for all hospital staff including interns, nurses, students, etc.)²¹

Number of beds		
Rated	Set up	Occupied
4	5	6

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(9)

PERSONNEL (Persons employed as at December 31, Paid hours, Staff separations, and Gross remuneration during year)**Total personnel data by department** (Items 1 to 11 are optional for hospitals under 50 beds)

Department	Persons employed		Staff separations		Accumulated paid hours
	Working full-time	Working part-time	From full-time employment	From part-time employment	
	1	2	3	4	5
GENERAL NURSING SERVICES					
Nursing Units:					
1. Adults and children 01					
2. Newborn nursery 02					
3. Subtotal (nursing units) 03					
4. Nursing administration 04					
5. TOTAL GENERAL NURSING SERVICES 05					
SPECIAL NURSING SERVICES					
6. Operating room 06					
7. Delivery room 07					
8. Subtotal (operating & delivery room) 08					
9. Emergency unit 09					
10. Central supply room 10					
11. TOTAL SPECIAL NURSING SERVICES 11					
TOTAL GENERAL AND SPECIAL NURSING SERVICES (lines 5 + 11) 12					
OTHER SPECIAL SERVICES					
13. Pharmacy 13					
14. Laboratory (excluding Pathologists) 14					
15. Radiology (excluding Radiologists) 15					
16. Physiotherapy 16					
17. Special research projects 17					
18. Ambulance service 18					
19. Organized out-patient department 19					
20. Other (specify) 20					
21. 21					
22. TOTAL OTHER SPECIAL SERVICES 22					

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(Name of hospital)

(City, town, etc.)

(10)

PERSONNEL (Persons employed as at December 31, Paid hours, Staff separations, and Gross remuneration during year) - continued**Total personnel data by department - concluded**

Department	Persons employed		Staff separations		Accumulated paid hours
	Working full-time 1	Working part-time 2	From full-time employment 3	From part-time employment 4	
SUPPLEMENTAL SERVICES:					
1. Medical records and medical library01					
2. Nursing education.....02					
3. Medical education.....03					
4. Social service.....04					
5. Other supplemental services (specify)05					
6.06					
7. TOTAL SUPPLEMENTAL SERVICES07					
GENERAL SERVICES:					
8. General administration.....08					
9. Dietary.....09					
10. Laundry10					
11. Linen service11					
12. Housekeeping12					
13. Operation of physical plant.....13					
14. Maintenance of physical plant14					
15. Ancillary operations.....15					
16. TOTAL GENERAL SERVICES16					
17. TOTAL ALL DEPARTMENTS (page 9, lines 12 + 22 + lines 7 + 16 above).....17					

Persons employed in selected professional and technical categories

† Hospital administrator - Check or make entry for each item applicable.

18. Years of experience in hospital administration Employment..... ☐ Full-time or ☐ Part-time
19. Degree or diploma in hospital administration.....☐ Medical degree.....☐ Registered Nurse.....☐
20. Extension course graduate in hospital administration (specify)
21. Other related training (specify)
22. Other responsibilities in the hospital, if any (specify)
- † Appropriate data for the Administrator will also be included under "Total personnel data by department".

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(11)

PERSONNEL - continued**Persons employed in selected professional and technical categories**

Employment category (Excluding students)	Persons employed		Monthly full-time salary range		Staff separations		Accumulated paid hours during year
	Full-time	Part-time	Minimum	Maximum	Full-time	Part-time	
	No. 1	No. 2	\$ 3	\$ 4	No. 5	No. 6	7
Assistant hospital administrators:							
1. Qualified 01							
2. Unqualified 02							
Dietitians:							
3. Qualified 03							
4. Unqualified 04							
Medical record librarians:							
5. Qualified 05							
6. Unqualified 06							
Laboratory technologists:							
7. Qualified 07							
8. Unqualified 08							
Radiological technicians:							
9. Qualified 09							
10. Unqualified 10							
Combined laboratory and radiological technicians:							
11. Qualified 11							
12. Unqualified 12							
Physiotherapists:							
13. Qualified 13							
14. Unqualified 14							
Occupational therapists:							
15. Qualified 15							
16. Unqualified 16							
Pharmacists:							
17. Qualified 17							
18. Unqualified 18							
Psychologists:							
19. Qualified 19							
20. Unqualified 20							
Social workers:							
21. Qualified 21							
22. Unqualified 22							

Note: Include data for all of the above personnel on pages 9 or 10 as appropriate.

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(12)

PERSONNEL - continued**Persons employed in selected professional and technical categories - concluded**

Employment category	Persons employed		Monthly full-time salary range		Staff separations		Accumulated paid hours during year
	Full-time No. 1	Part-time No. 2	Minimum \$ 3	Maximum \$ 4	Full-time No. 5	Part-time No. 6	
All nursing department staff:							7
1. Graduate nurses - nursing directors.....01							
2. Graduate nurses - nursing supervisors02							
3. Graduate nurses - head nurses03							
4. Graduate nurses - assistant head nurses04							
5. Graduate nurses - teaching05							
6. Graduate nurses - general duty.....06							
7. Graduate nurses - other.....07							
8. Student nurses.....08		x x x				x x x	
9. Qualified nursing assistants.....09							
10. Trainee nursing assistants.....10		x x x				x x x	
11. Orderlies11							
12. Other nursing department personnel.....12							
13. Total nursing department staff.....13							*
* Agrees with page 13, line 14, sum of cols. 1, 2, 3, 4, 5, 6.							

Paid medical staff

Employment category	Persons employed		With specialist qualifications†		Staff separations		Gross remuneration during year
	Full-time No. 1	Part-time No. 2	Full-time No. 3	Part-time No. 4	Full-time No. 5	Part-time No. 6	
14. Medical director14							
15. Radiologist15							
16. Pathologist16							
17. Residents and senior interns17							
18. Junior interns18			x x x	x x x			
19. Other paid medical staff19							
20. Total.....20							

† Certification in specialty related to hospital duties.

Note: Include data for the above staff on pages 9 or 10 as appropriate with the exception of Radiologists and Pathologists.

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(13)

PERSONNEL - concluded

Distribution of paid hours of nursing department staff (during year). INCLUDE IN APPROPRIATE COLUMN ALL STUDENT HOURS, DUTY AND CLASSROOM, EVEN IF NOT PAID. (Items 01 to 13 are optional for hospitals under 50 beds).

Department	Accumulated paid hours during year					
	Graduate nurses	Student nurses	Qualified nursing assistants	Trainee nursing assistants	Orderlies	Other nursing department staff
	1	2	3	4	5	6
Nursing units:						
1. Nursing units - adults and children01						
2. Nursing units - newborn nursery02						
3. Subtotal03						
4. Nursing administration.....04						
5. Operating room05						
6. Delivery room06						
7. Emergency unit.....07						
8. Central supply room08						
9. Organized out-patient department09						
10. Nursing education.....10						
Other (specify):						
11.11						
12.12						
13.13						
Total (sum of cols. 1, 2, 3, 4, 5, 6 must equal page 12, line 14. 13, col. 7)14						

Note: - Include data for all of the above personnel on pages 9 or 10 as appropriate.

TRAINING FACILITIES

Item	Registered nurses	Qualified nursing assistants	Orderlies	Technicians		Medical record librarians
				Radiological	Laboratory	
	1	2	3	4	5	6
A. Does your hospital operate a school, or provide facilities for a provincially-recognized course to train persons to be:						
15. (answer yes or no).....15	†					

† IF YES, COMPLETE subsection D, page 15, as well as subsections B and/or C on pages 14 and 15.

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TRAINING FACILITIES - continued

B. If your hospital operates a school, or provides both classroom and clinical facilities for a provincially-recognized course, to train persons in any of the following categories, complete items 1 to 17.

Item	Registered nurses	Qualified nursing assistants	Orderlies	Technicians		Medical record librarians
				Radiological	Laboratory	
	1	2	3	4	5	6
Specify by whom course is 1. approved..... ⁰¹						
Total length of course, 2. in months..... ⁰²						
Number of courses be- 3. gun during year..... ⁰³						
Potential first-year student capacity of course (which present facilities will ac- 4. commodate)..... ⁰⁴						
Total enrolment of new 5. students during year..... ⁰⁵						
Total number of students, of all years, enrolled at 6. December 31..... ⁰⁶						
Total graduated (or suc- cessfully completing 7. course) during year..... ⁰⁷						
Number who discontinued training during year (with- out graduating or 8. completing course)..... ⁰⁸						
Number of residence beds hospital provides for 9. trainees..... ⁰⁹						
Is a charge made for the training? To the trainee? 10. (yes or no)..... ¹⁰						
To other agency? (if yes, specify agency)..... ¹¹						
If trainee is paid a salary or stipend at any stage of the training, specify stage and amount - (excl. perquisites)						
12. First 6 months..... ¹²						
13. Second 6 months..... ¹³						
14. Second year..... ¹⁴						
15. Third year..... ¹⁵						
State approximate value per student per month of 16. perquisites provided..... ¹⁶						
17. Accumulated paid hours during year..... ¹⁷						

† Include this data on pages 9 and 10 as appropriate.

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TRAINING FACILITIES - concluded

C. If your hospital provides clinical facilities only for a course which is part of a training program operated by another agency in any of the following categories, complete lines 1 to 6.

Item	Registered nurses	Qualified nursing assistants	Orderlies	Technicians		Medical record librarians
				Radiological	Laboratory	
	1	2	3	4	5	6
Specify agency operating						
1. training program 01						
Total length of course						
2. in weeks 02						
Number of courses begun						
3. during year 03						
Number of students which present facilities will accommodate at any one time						
4. 04						
Total number of students successfully completing						
5. course during year 05						
Is the trainee paid a salary or stipend by the hospital during this training? (if						
6. yes, specify amount) 06						

D. If your hospital operates a school of nursing for registered nurses, complete lines 7 to 14.

(Note that provision is made in questions 8 to 14, for up to three fields in each case. For each field you mention, state also length of training and kind of institution as appropriate.)

7. Have you an Advisory Nursing School Committee? 07 ☐ Yes ☐ No

In what fields is training provided to affiliates?

	Field 1	Field 2	Field 3
8. (Specify) Field(s) 08			
9. Length of training for each field 09			
Is part of the training provided by affiliated institutions?			
10. (If so, specify) Field(s) 10			
11. Institution(s) for each field 11			
12. Length of training for each field 12			
For what specialties are post-graduate courses provided?			
13. (Specify) Field(s) 13			
14. Length of training for each field 14			

E. Is hospital approved by the Canadian Medical Association for training of junior interns? 15

3 ☐ Yes ☐ No

If yes, for how many positions? 6

F. Is hospital approved by the Royal College of Physicians and Surgeons of Canada for residencies in specialties? 16

☐ Yes ☐ No

If yes, for how many positions?

G. Other trainees of the hospital - (Include data for all of these personnel on pages 9 and 10 as appropriate).

	Persons employed		Monthly full-time salary range		Staff separations		Accumulated paid hours during year
	Full-time No. 1	Part-time No. 2	Minimum \$ 3	Maximum \$ 4	Full-time No. 5	Part-time No. 6	
17. Administrative residents 17							
18. Dietetic interns 18							
19. Physiotherapy interns 19							
20. Occupational therapy interns 20							

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