



1971

INSTRUCTIONS AND DEFINITIONS

FOR THE

ANNUAL RETURN OF HOSPITALS

FORM HS-1

FACILITIES AND SERVICES

General Directions

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

To assist the hospitals in the preparation of the Return, exact facsimile work-sheets 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 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. DO NOT forward the worksheet as a final copy of the Return, but retain for reference purposes.

The Annual Return of Hospitals, Forms HS-1 and HS-2, 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.

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.

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

FORM HS-1 - FACILITIES AND SERVICES

Purpose

The purpose of this manual is to assist institutions in completing the Annual Return of Hospitals, form HS-1 - Facilities and Services.

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.

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 which is listed in a schedule to a federal-provincial hospital insurance agreement (excluding health facilities). Where floors, wings, or other segments of an institution are listed as a hospital in Part 1 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.

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 at the beginning of each year to ensure that adequate and accurate data will be available at the end of the reporting period. 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.

It is recognized that because of the organizational arrangements within small hospitals there will be difficulty in presenting detailed breakdowns of some data. For this reason specific sections of the form have been marked as optional for certain hospitals. Provincial authorities will designate the hospitals which are in this category.

(PAGE 1 OF THE FACILITIES AND SERVICES RETURN)

YEAR

Note that the report is for the calendar year ending December 31. A hospital which is open for only a part of the year should report for that portion of the year during which it operates, noting the circumstances on page 1 of the form.

IDENTIFICATION AND LOCATION

Enter the full name, street and number and postal address of the hospital. The name and location of the hospital must also be entered at the top of each page of the Annual Return.

CERTIFICATION

Each copy of page 1 of the Return should be signed giving the official title of the certifying authority of the reporting hospital. 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, including the dates when changes occurred:

- (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 THE FACILITIES AND SERVICES RETURN)

CLASSIFICATION OF HOSPITAL

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.

Type of hospital

In this subsection indicate, by a check mark in the appropriate space, whether the hospital is recognized by the province as a public hospital, a private hospital, or as a federal hospital.

1. 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.
2. 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.
3. Federal - applies to a hospital owned and operated by a department of the federal government.

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".

5. 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 without restriction as to age group or sex.
6. Maternity - applies to a hospital which provides primarily for the treatment and care of obstetrical patients and newborn infants.
7. Convalescent and/or rehabilitation - applies to a hospital whose program is directed primarily to the recovery and rehabilitative phase of treatment for patients disabled by illness or injury.
8. Chronic and/or extended care - applies to a hospital which provides primarily for the prolonged treatment of patients with chronic and long-term conditions.
9. Other - applies to a hospital which provides primarily for the treatment of a limited range of diseases or injuries, or which restricts admissions to a particular age group or sex. Examples of such specified categories may include orthopaedic, neurological, cancer, women's and children's 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 specify the details here. "Other" also includes Nursing Stations and Outpost Hospitals. Also included are any Nursing Homes 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.

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.

Ownership - the owner of the hospital is the person, group of persons, agency, or corporate body who is the registered owner according to the deed. Check only one appropriate category in the column under "Ownership", in accordance with the definitions on page 7.

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.

Non-profit - applies to a hospital which is owned and/or operated by an individual, group of persons, agency or corporate body on a non-profit basis.

1. 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.
2. Religious organization - applies to a voluntary hospital owned and/or operated by a religious organization (under provincial laws and regulations).
3. Red Cross - applies to a voluntary hospital owned and/or operated by the Canadian Red Cross Society or one of the provincial branches.
4. Municipality, union, or hospital district - applies to a hospital owned and/or operated by a city, county, municipality, or other municipal government, or by a union or combination of municipal governments, or by a district or other body which is empowered to levy taxes or to otherwise operate after the fashion of a municipality. 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).
5. 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.
6. Federal Government - applies to a hospital owned and/or operated by the Government of Canada or a Crown Corporation. Operation will generally be by one of the departments or agencies, e.g., Veterans Affairs, National Health and Welfare, National Defence or Atomic Energy of Canada Ltd.
7. Industrial - applies to a hospital owned and/or operated by an industrial or commercial enterprise to provide hospital care to employees only, or to employees and other members of the industrial community.
8. Other - applies to any hospital whose ownership or operation is not included in the foregoing. Specify in detail.
9. Proprietary - applies to a hospital owned and/or operated by an individual or group on a profit-making basis.

BEDS AND CRIBS AND PATIENT-DAYS BY TYPE OF UNIT

This section is designed to report the hospital's accommodation for in-patients in terms of beds and cribs for adults and children as at December 31 and accumulated patient-days during the year. Rated bed capacity, beds set up and related patient-days during the year will be reported according to the type of unit in which beds are located. For purposes of this section a unit is a group of beds or rooms under an organized nursing staff, which is normally used for specified categories of patients.

Report on lines 10 to 25, columns 2 to 4, rated bed capacity, beds set up and patient-days during the year in accordance with the following definitions:

In-patient - a patient who is duly admitted to the hospital, and to whom a bed or bassinet 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 liveborn 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).

Rated bed capacity

Under "Rated bed capacity" show the number of beds and cribs 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 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 per bed or bassinet</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 cannot include upper floor areas in computing rated bed capacity unless sprinkler-protected or fire-resistant.

Beds set up

Under "Beds set up" show the distribution of beds and cribs, and bassinets for newborn, actually set up in the hospital, and available for accommodation 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 set up:

<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) Intensive care beds;	(3) Beds in out-patient and emergency departments;
(4) Isolation beds;	(4) Beds in employee quarters including those used for sick staff;
(5) Beds set up for use in corridors, sunrooms, etc.;	(5) Post-anaesthesia recovery beds;
(6) Cribs for children;	(6) Beds in storage;
(7) Bassinets set up outside the nursery and normally used for infants other than newborn;	(7) Fracture or turning frames, iron lungs, and rocking beds, not in

Include

- (8) Equipment in use and occupied in place of beds (such as fracture or turning 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.

Patient-days during year

Under this column is to be reported a distribution of patient-days during the year in accordance with the type of unit (described below) in which the patient was provided care.

- Note (1) The count of patient-days during the year is quite distinct from the count of total days' stay from date of admission of patients separated during the year. This distinction is illustrated by the chart and accompanying explanations appearing on pages 14 to 15 of this manual.
- (2) For certain hospitals, as designated by the provincial authority, the breakdown of patient-days by service (Form HS-1, page 2, column 4, lines 10 to 18) will be optional. The hospitals so designated should report patient-days in total only in column 4, line 19.

Short-term Units - Adults and Children - are those units provided for patients who at the time of admission require extensive diagnostic and treatment services and/or skilled nursing care and comprehensive medical attention.

10. Medical Unit(s) - are those wards or units designated for medical and general non-surgical patient care.
11. Surgical Unit(s) - are those wards or units designated for surgical cases.

Note:

Those hospitals which are unable to provide the necessary information on Medical and Surgical beds and days separately on the form (lines 10 and 11) will report totals of Medical and Surgical on line 12.

13. Intensive Care Unit(s) - are units providing for the continuous observation and treatment of the critical or seriously-ill patient without regard to his medical or surgical diagnosis. In such a unit direct and intensive nursing care and clinical monitoring will be available, as well as items of emergency life-saving equipment and supplies.
18. Other short-term - where units cannot be designated clearly under the foregoing categories enter the data on this line, specifying the type of unit.

Long-term Units - Adults and Children

20. Convalescent and/or rehabilitation - refers to units providing for the care and treatment of patients:

- (a) who have passed the acute or emergency stage and whose condition can be improved by skilled nursing care and medical attention in a hospital, and/or
 - (b) who have disabling conditions which may be improved by rehabilitation treatment in hospital.
21. Chronic and/or extended care - refers to units providing for the care and treatment of patients suffering from chronic or long-term illnesses or conditions which require continued nursing care and medical attention in a hospital.
22. Other long-term - where units do not clearly fall under the foregoing categories enter the data on this line, specifying the type of unit.

In cases where more than one type of care is provided in a single organizational unit no attempt should be made to segregate the patient-days. This data should then be reported under whichever unit is the dominant service in terms of patient-days.

BASSINETS AND PATIENT-DAYS FOR NEWBORN

Report the total count of newborn bassinets as at December 31 (whether in regular, premature or suspect nurseries) and of newborn patient-days during the year.

(PAGE 3 OF THE FACILITIES AND SERVICES RETURN)

BEDS AND PATIENT-DAYS DURING YEAR, BY TYPE OF ACCOMMODATION CHARGED

In this section report the number of beds set up as at December 31 in wards designated as Standard, Semi-private, or Private; and the distribution of adult and children patient-days during the year according to the gross daily charge actually made by the hospital to the patient's account for his period of stay during the year. Patients charged for more than one type of accommodation will have their patient-days allocated according to the differential rate charged.

PATIENT-DAYS DURING YEAR BY RESPONSIBILITY FOR PAYMENT - This section 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 standard ward rate for each day of care; not including authorized charges or additional charges for preferred accommodation.

For the purpose of this Return the following definitions of residents apply:

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 as he is entitled under the law of that province to receive insured services.

Non-resident of the province - means a person who is a tourist, transient, or visitor, or a new resident from another province who is or who could be eligible for insured services by the former 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.

Enter patient-days during the year in accordance with the following:

5. Provincial Plan - applies to those patient-days charged to the Provincial Hospital Insurance Plan of the province in which the hospital is located.
6. Federal Government - applies to those 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.
7. Workmen's Compensation Boards - applies to those patient-days charged to any Workmen's Compensation Board, whether or not the patient is a resident of the province.
8. Non-residents of the province - applies to those patient-days charged directly to a non-resident of the province, or to a Provincial Plan of another province (see definition above), or to those patient-days for which payment is received from the Hospital Insurance Supplementary Fund.
9. Uninsured residents of the province - applies to those 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.
10. Insured residents, care not responsibility of Provincial Plan - applies to those 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.

MOVEMENT OF IN-PATIENTS (excluding Stillbirths)

In this section record the basic in-patient data for each "Provincially-recognized unit" of the hospital - this refers, for purposes of reporting movement of patients, to a group of beds or rooms, or a separate wing or building which the provincial plan recognizes as a distinct and separate treatment unit of the hospital. These units may be identified by the fact that when patients are admitted to such a unit, even when transferred from another part of the hospital, provincial regulations require formal admission procedures, (e.g., a transfer from a short-term unit to an extended care unit will require formal admission procedures to the one unit and discharge from the other).

In cases where short-term and long-term care is provided without separate admission/discharge procedures for the various levels of care, report the data for movement of patients under whichever is the dominant service of the hospital in terms of patient-days.

12. In hospital January 1 - is the count of all in-patients who were assigned a hospital bed or bassinet as at 12:01 a.m. of January 1st. Include any in-patient who was visiting temporarily out of hospital on this date, but who had not been discharged.
13. Admission - is 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 or to a provincially-recognized unit within the hospital. 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.
15. Discharge - is the official departure from the hospital or from a provincially-recognized unit of the hospital of a live in-patient. Discharge of a newborn is deemed to occur at the time of official release by the hospital.
16. Death - is the cessation of life of an in-patient after admission and before discharge. This category excludes stillbirths.
17. Separation - is the discharge or death of an in-patient.
18. In hospital December 31 - is the count of all in-patients registered in the hospital at 12:00 p.m. on December 31st and includes patients temporarily out of hospital but who had not been discharged.
19. 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 and newborn who were discharged from the hospital or who died in the hospital during the year, even if admitted in a previous year.

PATIENT-DAY COUNTS

Patient-day - is 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.

Two entirely different counts of patient-days are required from hospitals, of which both have significant uses in measuring hospital activities. The chart on page 15 indicates the differences between the two counts of patient-days.

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 count is used in a great variety of calculations to express hospital activities and costs on a per diem basis.

From the chart directly opposite on page 15 it will be seen that the patient-days to be included in this count are as follows:

- Patient A - no days are counted, because no service was 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 patient - 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 days were provided during the reporting year;
- Patient F - do not count any days, because no service was provided during the reporting year.

TOTAL DAYS' STAY - from date of admission of patients separated during the year

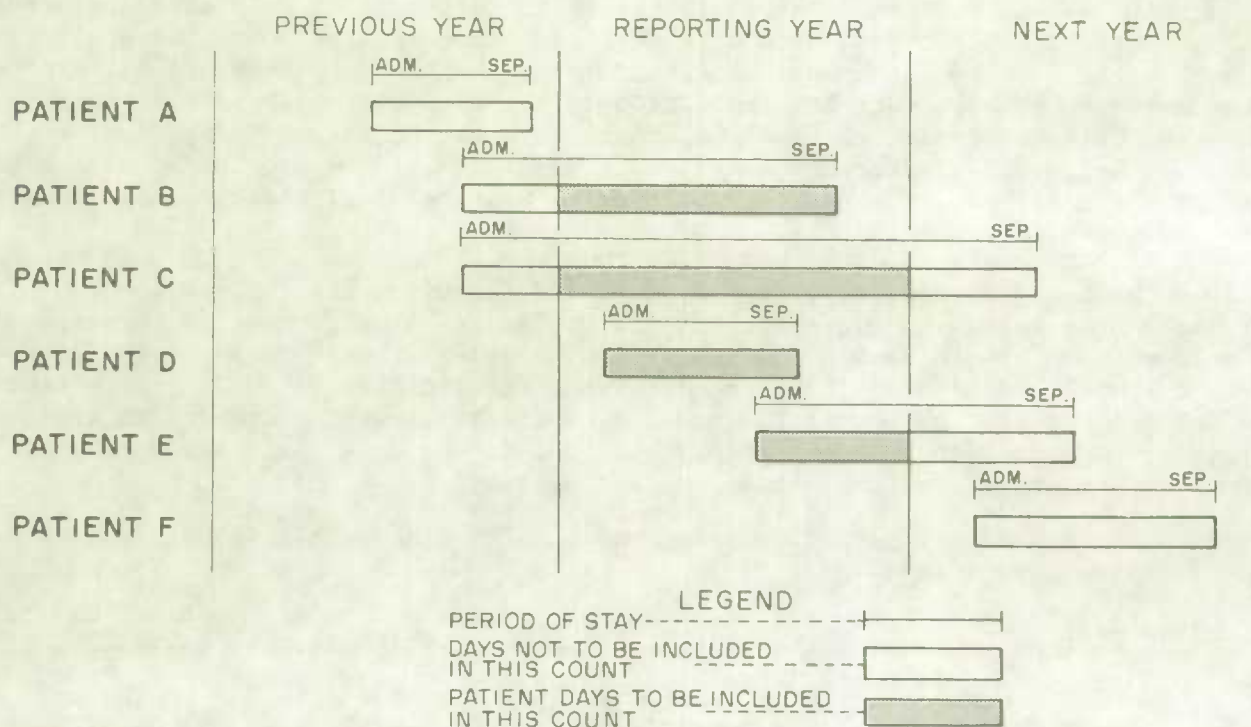
Enter here the accumulated patient-days since admission, of adults and children and newborn who were discharged from the hospital or who died in the hospital during the year, even if admitted in a previous year. This number is not accumulated in the same way as the number of patient-days during the year. The count of total days' stay (from date of admission) is required for the calculation of the average length of stay of hospital separations.

From the chart directly opposite on page 15 it will be seen that the days to be included in this count are as follows:

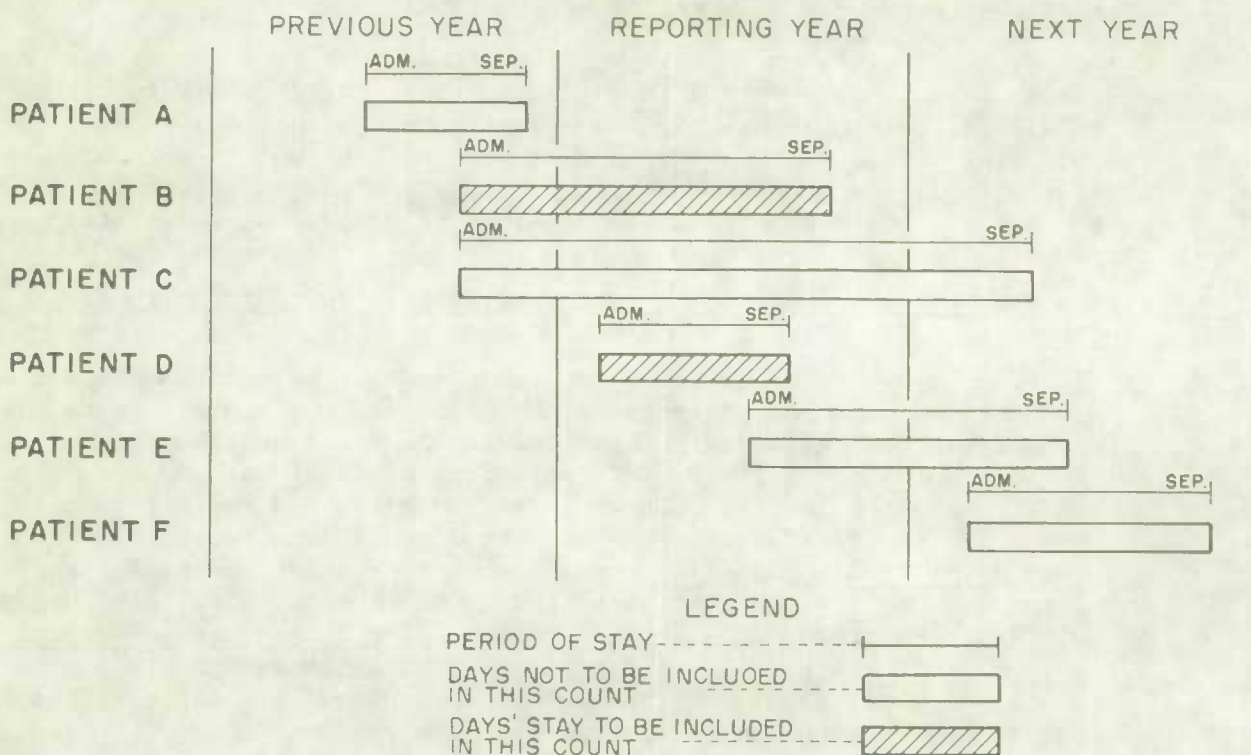
- Patient A - no days are counted, because the patient was not separated in the reporting year;
- Patient B - total patient-days from admission to separation are counted, because the separation occurred in the reporting year;
- Patient C - no days are counted, because the patient was not separated in the reporting year;
- Patient D - total patient-days from admission are counted, because the separation occurred in the reporting year;
- Patients E & F - no days are counted, because the patient was not separated in the reporting year.

The above instructions illustrate the two entirely different counts of patient-days that are required from hospital records, both of which have significant uses in measuring activities. It is apparent that with few exceptions it is unlikely that these two counts will coincide.

CHART TO ILLUSTRATE THE COUNT OF ---
 PATIENT-DAYS DURING THE YEAR



DAYS' STAY (FROM DATE OF ADMISSION)
 OF PATIENTS SEPARATED DURING THE YEAR



(PAGES 4 AND 5 OF THE FACILITIES AND SERVICES RETURN)

LABORATORY SERVICES

It is essential that hospitals report in this section only standard units for the technical and non-professional work-load, excluding any units for professional work such as is carried out by pathologists or by other medical specialists. In recording units during the year hospitals should be guided by the use of the current Schedule of Unit Values for Clinical Laboratory Procedures issued by Statistics Canada, or those schedules for technical unit values issued by provincial authorities. Copies of the appropriate schedule to be used by your hospital are available from offices of your Provincial Plan.

The Schedule issued by Statistics Canada provides the instructions and information concerning the classification of procedures by type and the corresponding unit values which are to be used for reporting purposes. In the case of those procedures for which unit values have not been specified in this Schedule your attention is drawn to the fact that hospitals should evaluate their own procedures in terms of units in accordance with the methodology outlined in the Schedule. Standard units for work so evaluated are to be included in the report.

The following explanations are provided for guidance in reporting items in this and following sections:

In-patients - these are patients who are admitted to the hospital and to whom beds or bassinets have been allocated. This category excludes still-births, as well as patients attending a day or night centre.

Out-patients - these are patients who receive services of the hospital who are not admitted as in-patients. This category includes private out-patients as well as patients attending a day or night centre. Do not include staff members or students who are receiving services provided by a staff health program (see "Staff" below).

Referred-in - include under this heading standard units for work done on specimens or samples referred-in to the hospital for clinical investigation on behalf of other hospitals or for persons who are not in attendance at the hospital, i.e., on behalf of persons who are neither in-patients nor out-patients of the reporting hospital. Also include in this column standard units for any procedures referred-in to the hospital for public health purposes.

Routine health examinations - staff, environmental, quality control, calibration standards, and research

- (a) Staff - report standard units for work done for hospital employees and students who are not patients of the hospital, e.g., blood tests and urinalyses done as a part of the hospital's staff health program.
- (b) Environmental - report the total standard units of work done as a part of a sanitation control program in the hospital. A typical example would be the checking of linen samples for bacteria count.
- (c) Quality control - report here the number of standard units for quality control. Quality control is defined as the running of a reference sample (e.g. control serum) or pure solution for the purpose of monitoring the accuracy and precision of a method. The unit assigned for each quality control sample is the same as for an unknown sample. This does not include calibration standards as defined below.

- (d) Calibration standards - report here the number of standard units for calibration standards. Calibration standards are defined as the running of pure solutions or reference samples for the purpose of establishing the calibration curves required to determine the values of the unknowns. The unit assigned for each calibration standard is the same as for an unknown sample.
- (e) Research - report the total standard units for procedures performed by the laboratory as a part of the hospital's research or experimental programs.

*Standard Units During Year - Done by Hospital Laboratory

Include in this section only the standard units for work which is done by the hospital's own laboratory staff. Report units for tests performed by student technicians only when the work which the student performs is an essential component of the laboratory's practical workload. Note that lines 1 to 11 on page 4 are optional for certain hospitals, as designated by the provincial authority. These hospitals need report only total units on line 12, cols. 1 to 5.

Services performed by the laboratory - report on line 8 the total standard units of work for those special services (E.C.G., B.M.R., etc.) which have been performed by the hospital's laboratory staff and are reported in detail on page 5, lines 13 to 20, cols. 1 and 2.

Procurement and handling of specimens - include only those standard units applicable to procurement and handling by the laboratory staff. Do not include this count if this activity is carried out by staff members of another department.

Procedures done routinely on admission to hospital - check or specify, as appropriate, those laboratory procedures which the hospital does routinely for in-patients on admission.

*Standard Units During Year - Referred-out to Others

Report in columns 1 to 3 (page 5) the standard units for all laboratory services referred outside the hospital, or to any separate agency which works within the hospital and does not use hospital employees to perform its service. Columns 5 and 6, lines 1 to 10 will indicate the distribution of these referred-out units as between those which have been charged to the hospital and those which have not. Please note that the total of columns 5 and 6 should equal the total of column 4.

Note - Lines 1 to 10 on page 5 are optional for certain hospitals which have been designated by the provincial authority. These hospitals should report total units only on line 11, cols. 1 to 6.

Number of specimens referred-out to others - all hospitals are to report, on line 12, the total number of specimens which were referred-out to another hospital or agency.

(* For further details concerning the methods and unit values to be used in accumulating this data see the recent edition of the "Schedule of Unit Values for Clinical Laboratory Procedures".)

Services provided by either Laboratory, Radiology, or as a separate Service

Any work in the categories specified on Form HS-1, page 5, lines 13 to 20 (E.C.G., E.E.G., etc.) which is performed by hospital staff will be reported in this section. It is important that hospitals report the name of the department giving the service, as requested in column 5.

In columns 1 and 2 report the number of standard units of services provided, accumulated on the same basis as outlined in the recent edition of the "Schedule of Unit Values for Clinical Laboratory Procedures". Note that irrespective of whether or not the number of standard units are recorded, the number of examinations are to be reported in columns 3 and 4 for each category of work performed.

On lines 19 and 20 specify and report details of any laboratory service in the categories listed on page 4, lines 1 to 7 which are carried out in other departments or units of the reporting hospital.

(PAGE 6 OF THE FACILITIES AND SERVICES RETURN)

RADIOLOGY DEPARTMENT SERVICES

Diagnostic Services - As indicated on page 6 of the return, hospitals are to report in columns 1 to 3 the number and type of radiological examinations performed during the year on in-patients, out-patients (including private patients referred-in), and routine health examinations-staff. In columns 5 and 6 report these same examinations as follows:

In column 5 - report those examinations performed by the hospital's own radiology department staff whether the patient is in attendance at the radiology department, cystoscopy room, emergency unit or elsewhere.

In column 6 - report those examinations performed by an outside agency, such as another hospital, or a diagnostic unit operated by the provincial government, or by any independent radiology service not using hospital staff.

An examination: for reporting diagnostic radiology data, is defined as a single diagnostic procedure performed during one attendance of the patient, making use of any of the following:

- (a) Fluoroscopy or examination by image intensifier,
- (b) Production of one or more exposed films,
- (c) An integrated combination of (a) and (b),
- (d) Procedures using other equipment, (e.g. B.M.R., E.C.G. etc.) when done by the staff of the radiology department (lines 7 or 8 only).

Report examinations done by student technicians only when the examinations are going to be interpreted for diagnostic purposes.

- 1-2. T.B. Screening Chest X-rays - chest film examinations made at the time of the patient's admission or visit, primarily as a screening test for tuber-

culosis. Those examinations made on miniature film will be reported on line 1 and those using other types of film will be reported on line 2.

3. Fluoroscopic examinations - with or without film - those examinations during which there is an examination by fluoroscopy or image intensifier whether or not film is exposed. Such procedures are to be counted irrespective of whether or not closed circuit T.V. is employed. Exclude procedures during which cinéradiographic techniques are employed.
4. Cinéradiographic examinations - X-ray examinations during which cinéradiographic techniques are brought into use irrespective of what other procedures are also employed. Do not include these procedures in any other count of examinations.
5. Other X-ray film examinations - include here all other X-ray examinations by means of film alone. Include dental examinations here only when performed by the radiology department.
7. Services performed by Diagnostic Radiology - when services performed by the Diagnostic Radiology staff have been reported on page 5, lines 13 to 20 cols. 3 and 4, then the total of these examinations will be reported on page 6, line 7.
8. Other - specify the nature and report here the number of any other examinations not falling into the preceding categories.

Therapeutic Services - For the reporting of therapeutic radiology services the following definitions will apply:

Therapeutic treatment - the procedure in which there is an exposure, or series of exposures, of the patient to radiation during the course of a single attendance at the department. If more than one modality is involved during one visit, count one treatment for each modality.

11. Superficial X-ray therapy - a treatment which provides a continuous beam of X-ray to the surface areas of the body.
12. Deep X-ray therapy - a treatment which provides a continuous beam of X-ray that can be focused on internal tissues and organs of the body.
13. Cesium therapy - treatments using a Cesium 137 teletherapy unit.
14. Cobalt therapy - treatments using a Cobalt 60 teletherapy unit.
15. Radium therapy - treatments using radium as the source of gamma ray radiation.
16. Services performed by Therapeutic Radiology - when services performed by the Therapeutic Radiology staff have been reported on page 5, lines 17 to 20 then the total of these services will be reported on page 6, line 16.
17. Radioisotopes - therapeutic - done by other agencies - treatments carried out by other agencies where any radioisotope is used as the source of radiation.
18. Other (specify) - treatments carried out by the use of other sources of radiation.

(PAGE 7 OF THE FACILITIES AND SERVICES RETURN)

CASES OF POISONING

10. Report here all cases of poisoning or suspected poisoning regardless of where treated in the hospital. Include all cases where contact with inhalation or ingestion of chemicals, other than foods, which may or may not cause adverse reactions, require examination and treatment in the hospital, or such cases for whom consultation on care and treatment is provided by the hospital.

OPERATING ROOM AND EMERGENCY SERVICES

11-12. Report the number of visits to the Operating Rooms and Emergency Unit. A visit is defined as one attendance of a patient, for a continuous period of time, during which operation(s), treatment(s), or examination(s) are performed.

OBSTETRICAL SERVICES

16. Number of livebirths with congenital anomalies - the number of liveborn infants for whom there were any metabolic and or structural anomalies reported as being present at the time of birth.
17. Deaths of livebirths within seven days of birth - newborn admissions who died in hospital on or before the seventh day of stay.
18. Number of stillbirths - 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 a province.
19. Number of mothers delivered of livebirths and stillbirths - the number of mothers who were delivered of a single livebirth or stillbirth, or multiple livebirths or stillbirths, or a combination of these, resulting from one pregnancy. Count multiple births as one delivery. The number of mothers delivered should equal the sum of livebirths (page 7, lines 21 and 22, col. 6) plus stillbirths (page 7, line 18, col. 2) less an adjustment for each multiple birth. Do not include here those deliveries which take place prior to admission.
20. Number of Caesarean sections - the number of maternity cases delivered by caesarean section in the hospital during the year. These will also have been included in item 19.

NOTE: Caesarean sections carried out in the operating room will also be included in the number of visits under "Operating Room and Emergency Services".

Livebirths and Postnatal Newborn Admissions:

For purposes of this sub-section a live birth is as defined in the legislation governing the reporting of vital statistics of the province.

21. Immature livebirths - 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.
22. Other livebirths - the number of infants born alive during the year weighing more than five and one-half (5 1/2) lbs. (2,500 grams) at birth.
23. Postnatal newborn admissions - a count of infants born outside of the hospital who were admitted to the hospital, their mothers having been admitted for maternity services.

(PAGE 8 OF THE FACILITIES AND SERVICES RETURN)

AUTOPSY SERVICES

Number of autopsies

1. Of hospital deaths - enter in col. 3, 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. 4 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.
2. Of other deaths - enter in col. 3 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.
3. Of hospital stillbirths - enter in col. 3, the number of autopsies performed in the hospital, during the year, on hospital stillbirths, and enter in col. 4 the number of autopsies performed outside the hospital, during the year, on hospital stillbirths.

PHYSICAL MEDICINE AND REHABILITATION SERVICES

These services may embrace a wide range of physical restorative and remedial techniques and procedures. For reporting purposes these services have been grouped under three headings:

- (1) Physiotherapy;
- (2) Occupational Therapy;
- (3) Speech Therapy.

To all three services the common reporting requirement is the: "Number of patient attendances".

In Physiotherapy and Occupational Therapy services the reporting of "Units" is an additional requirement.

Note that an accepted unit system has not as yet been developed for Speech Therapy.

The definition for these two measurements are as follows:

The Patient Attendance. - Each patient should be counted only once for an attendance even though he may

- (a) attend the department more than once a day;
- (b) be treated on the nursing unit or ward more than once a day;
- (c) be treated during a day in several areas of the department by several staff members, i.e. pool exercise area, electrotherapy, assessment, A.D.L., workshops, group programs (e.g. in psychiatry), etc.;
- (d) be treated in the department and on the nursing unit during the one day.

The Unit (Applicable only to Physiotherapy and Occupational Therapy). - One Unit is equivalent to five minutes of treatment received by the patient.

In recording units (weighted and time units) during the year hospitals should be guided by the use of the current "CANADIAN SCHEDULE OF UNIT VALUES FOR PHYSIOTHERAPY AND OCCUPATIONAL THERAPY".

In columns 1 and 2 report only that work done by staff of the Physical Medicine and Rehabilitation Services regardless of whether the work is done within the department or elsewhere in the hospital. In columns 3 and 4 report services provided for hospital patients by other departments such as a Psychiatric Clinic, or by agencies such as the Canadian Arthritis and Rheumatism Society.

DIETARY SERVICES

Number of meal-days - for reporting purposes a separate count is required for those meals which are not prepared by hospital staff, but are purchased either through a contract meal service agency, or from another hospital. The latter will be noted on page 8, line 11, while meal-days for hospital-prepared meals will be shown on line 10.

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 2, line 24, col. 4 of this return. Note that meal-days for newborn are excluded.

Staff and others - include the count of all meals served to others, which should include meals for out-patients, guests, visitors, physicians, board members, volunteer personnel, and any other non-patients, regardless of whether or not a charge is made.

If the number of meal-days served in the cafeteria cannot be readily determined by count, then use the following formula:

$$\frac{\text{Cafeteria sales in \$}}{\text{*average price per meal-day}} + \frac{\text{No. of free meals}}{3}$$

(* average price per meal-day is equal to the normal average price of one day's meals in cafeteria, i.e. breakfast, lunch and dinner.)

Supplied to other institutions - include the total count of meal-days provided to any other hospital, institution or group outside the hospital proper.

LAUNDRY SERVICES

Number of pounds of laundry (soiled weight)

Enter in the appropriate space the number of pounds of laundry processed in your hospital during the year, or sent out to a commercial laundry or other hospital for washing. If your hospital laundry processes linen for other hospitals, record the number of pounds of such linen on line 13.

HOUSING FOR STAFF

This section 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, and any other hospital employees, as defined in the section "TOTAL PERSONNEL DATA BY DEPARTMENT".

(PAGE 9 OF THE FACILITIES AND SERVICES RETURN)

ORGANIZED OUT-PATIENT DEPARTMENT AND SPECIAL CLINIC SERVICES

The hospital is to record separately those services rendered through the Organized Out-patient Department and those Special Clinics which are organized and

equipped as separate departments distinct and apart from the Organized Out-patient Department.

It is recognized that the number and variety of clinics operated by the hospital will depend upon the resources of the hospital, the needs of the community, and the degree of specialization of the medical staff. Where there are further subdivisions of clinics under a specialty, than is represented by the specified categories of clinics, report visits under the broad category named: e.g. visits to a Clinic for Diabetics would be included on line 8 "Endocrine and Metabolic Diseases". Where a special clinic is not represented by one of the named categories include the visits under "All others". Where there is no subdivision of clinics but only one "general" clinic report visits on line 1.

Report out-patient visits in column 2 when the Organized Out-patient Department provides the service at a rate which will not meet the direct costs of the service. Report out-patient visits under column 3 at "full" rates when the out-patients are charged at a rate sufficient to recover the direct costs to the hospital.

(PAGES 10 AND 11 OF THE FACILITIES AND SERVICES RETURN)

TOTAL PERSONNEL DATA BY DEPARTMENT

This section is to provide information on all personnel of the hospital, except medical staff. For reporting purposes include all data concerning Paid Medical Staff on page 14 only.

For purposes of this and other sections the following definitions and instructions will apply:

Persons employed as at December 31st - persons on the payroll of the hospital as at December 31st. This will include all members of religious orders occupying positions in the hospital for whom wages are payable by the hospital. Exclude voluntary workers for whom no salaries are recorded.

Where a person on the hospital staff fills more than one position, that individual is to be recorded 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 record that one position which is considered to be the most senior.

Full-time - refers to persons employed on a full-time basis, i.e., regularly employed throughout the department's full work-week.

Part-time - refers to persons employed on a part-time basis, i.e., regularly employed on selected days or partial days in the department's work-week.

Casual - refers to persons employed on a non-continuing or irregular basis such as those who temporarily relieve regular employees on vacation or sick leave or those who are hired temporarily for such casual jobs as snow removal, office overload, etc.

NOTE that for purposes of this report hospitals are asked to report as at December 31 only the numbers of "Full-time" and "Part-time" staff employed and are to exclude casual employees from the report.

Separations during year - refers to the separation from the hospital by the termination of employment of full-time employees, including persons in training. 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: (1) No transfers of any personnel between departments, nor transfers between hospitals of persons in training by affiliation, will be counted as separations.

(2) For purposes of this report hospitals are asked to exclude from this count separations of part-time and casual employees.

Total accumulated paid hours during the year (excluding student classroom hours) - are to be reported separately for each department including those for all full-time, part-time and casual employees of the hospital who, during the year, have had salaries or wages payable to them by the hospital. Hours covering paid holiday time and other paid leave are to be included for all categories of personnel.

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 are to be allocated as far as possible to the various departments of the hospital, in accordance with the time actually worked in each.

1. Nursing Services.

The information to be reported on page 10, line 1 relates directly to the Nursing Services specified on page 12, lines 1 to 11. For further information concerning the types of personnel involved please turn to the instructions relating to page 12 of the return.

On page 10, line 1, columns 1 and 2, are to be reported the total number of full-time and part-time nursing personnel employed as at December 31 in the Nursing Services.

The separations to be reported in column 3 are for those full-time persons employed during the year in the Nursing Services.

As noted on the Return accumulated paid hours for the Nursing Services will agree with those reported on page 12, line 12, column 5.

Special Services

This part of the Return deals with the various special diagnostic and therapeutic services of the hospital. In this section the personnel information reported will exclude data for medical staff, interns, residents and students.

When hospitals are providing such services the units or departments which, for purposes of this report, will be considered as "Special Services" are as defined below:

2. Organized Out-patient Department - the formally organized out-patient service, recognized as such by the Provincial Plan, set up and equipped as a separate department of the hospital. Its main function will be to provide special clinical facilities for medical diagnosis and treatment for out-patients. Some services may also be provided for in-patients.
- 3-5. Special Clinics - the clinics which are formally organized and equipped as separate departments distinct and apart from an Organized Out-patient Department. Note that hospitals are to report separately for Psychiatric

and T.B. Clinics. Included under Psychiatric Clinic are any occupational therapists or social workers who are employed in and directly responsible to the head of this service.

6. Laboratory - the department which is designed and equipped for the clinical investigation of specimens including specimens referred-in by others. This may include bacteriology, surgical pathology and histology, cytology, blood bank, autopsy and morgue, electrocardiography and electroencephalography. Medical photography and radioisotope services are also sometimes a part of the Laboratory's services. (See also definitions relating to E.C.G., E.E.G. and Radioisotope Services which follow.)
7. E.C.G. (E.K.G.) - the unit, if organized as a separate entity, responsible for the preparation and interpretation of electrocardiograms. Where this service is not provided by a separate organizational unit no attempt should be made to segregate the personnel data.
8. E.E.G. - the unit, if organized as a separate entity, responsible for the preparation and interpretation of electroencephalograms. Where this service is not provided by a separate organizational unit no attempt should be made to segregate the personnel data.
9. Radioisotope Services - the unit, if organized as a separate entity, responsible for providing diagnostic and/or therapeutic services by the use of radioactive materials. No attempt should be made to segregate the personnel data when these services are provided by other units such as Laboratory or Radiology Departments.
10. Pharmacy - the unit responsible for preparing, compounding, storing and dispensing medicines and drugs.
11. Radiology - Diagnostic - the department responsible for the diagnostic application of radiant energy from X-rays and radioactive materials.
12. Radiology - Therapeutic - the department, if organized as a separate entity, responsible for the therapeutic application of radiant energy from X-rays and radioactive materials. Therapeutic services are sometimes performed along with diagnostic services in a single department. In such cases no attempt should be made to segregate personnel data which should be included under Radiology - Diagnostic.
13. Physical Medicine and Rehabilitation - the centre to which, for purposes of this report, are allocated the data for personnel assigned to any of the services of physiotherapy, occupational therapy, speech therapy, and recreation therapy irrespective of whether or not these services are organized as separate entities. If the hospital also has a bracemaking or prosthetic service include the appropriate personnel data here.
14. Social Service - the unit responsible for the provision of social case-work services to patients, assisting them and their families with personal and environmental problems which interfere with the patient's recovery or improved social functioning.
15. Ambulance Service - report here the personnel data for staff involved in the operation of ambulance vehicles used by the hospital to provide trans-

portation to bring patients to the hospital for examination, care and treatment, to take patients home, or to transfer them for admission to another hospital. This excludes motor services used for transporting patients between departments of the hospital or for special services provided outside the hospital. Also excluded are motor services used for conveyance of materials and supplies, of hospital staff, or for patient and staff recreation. These exclusions will be reported under Motor Service on page 11 of the Return.

16. Office of the Medical Staff (clerical and stenographic) - report here the personnel data for clerical and stenographic staff assigned to support the functions of the Chief of Medical Staff and heads of services such as the Chief of Surgery, Chief of Pediatrics, etc.
17. Special Research Projects - the centre to which, for purposes of this report, are allocated the personnel data for staff involved in formally organized research projects undertaken by the hospital.
- 18-20. Other - specify the nature and report separately the personnel data for each special service which is organized as a separate unit, and which does not fall into any preceding category. If necessary use the supplemental report form to provide the details.

Educational Services

This section deals with the personnel data for the hospital's formally organized educational programs in the health field. This excludes educational services for patients which are to be specified and reported under General Services (see "Other", page 28 of this manual). It also excludes those services which can be classified as "Staff training" (see item 10 on page 27 of this manual).

Do not include in this section data for personnel while affiliated-out. Include data for persons affiliated - in provided that they receive some form of remuneration from the hospital (as defined under Gross Salaries and Wages for Interns, Residents and Students, page 11 of the HS-2 manual).

Affiliated-out - refers to persons enrolled in the reporting hospital's educational program but who are receiving part of their training in another hospital.

Affiliated-in - refers to persons enrolled in an educational program of an outside school but who are receiving part of their training at the reporting hospital.

Personnel data for medical staff (other than interns and residents) are required to be reported only on page 14 of the return and are NOT to be included in this section.

1. Medical Education - the centre under which, for purposes of this return, are to be reported the personnel data required for columns 1, 2 and 3 for all medical interns and residents. Note that accumulated paid hours are not to be reported in column 4 for Interns and Residents.

Also under this category will be included personnel data for any other non-medical staff assigned to Medical Education. Page 11, line 1, column 4 will then represent only the accumulated paid hours for this "other" staff.

2. Nursing Education - report here the personnel data for staff and students as specified under Nursing Education on page 13, lines 15 to 21. As noted on the Return, page 11, line 2, columns 1,2,3 and 4 will agree with page 13, line 22, columns 1,2,4 and 5 respectively.

For further information concerning the categories of staff involved please turn to the instructions relating to Nursing Education on page 32 of this manual.

3. Laboratory Technologists Training - report here the personnel data for staff and students involved in training programs leading to registration for laboratory technologists.

Include here pertinent data for instructors and other school staff and students engaged in the training program. Where there is a regional laboratory school operated by the hospital report details for the hospital-paid school staff and only for those students which the hospital sponsors and supports.

4. Radiology Technicians Training - report here the personnel data for staff and students involved in training programs leading to registration for radiology technicians.

Include here relevant data for instructors and other school staff and students engaged in the training program. Where there is a regional radiology training school operated by the hospital report details for the hospital-paid school staff and only for those students which the hospital sponsors and supports.

- 5-8. Other Students Training - under this category specify the nature, and report separately, the personnel data for each of any other formally organized training courses excluding those which can be classified as "Staff training" (see item 10 below).

General Services

This section of the report deals with personnel data which may logically be grouped and reported for the general support services of the hospital. Note that this section will not contain personnel data for medical staff, interns, residents or students.

10. General Administration - the centre to which are allocated the personnel data for staff providing administrative direction and for carrying out business office, fiscal and personnel functions of the hospital. These functions include general accounting, billing, collections, admitting, personnel, staff training*, patients' library, purchasing, stores, switch-board, mailroom and other general office services. Staff for whom personnel data is to be allocated here include the administrator, chief financial officer, chaplain, personnel officer, co-ordinators or instructors in staff training, and the supervisory and office staff performing the functions listed above.

* Note that the only personnel data to be included under General Administration for the staff training function is that for instructors or co-ordinators of in-service or on-the-job training. The personnel data for employees receiving such training will be allocated to the department where they work.

11. Medical Records and Medical Library - the centre under which are reported the personnel data for staff engaged in compiling, processing and preserving patients' charts and medical records, and in providing the necessary medical reference books and publications for research and study.
12. Dietary - the department which is responsible for the provision of the general food service for patients and staff of the hospital, including the operation of a pay cafeteria.
13. Laundry - the department which is responsible for the laundering of soiled bedding, linen and wearing apparel.
14. Linen Service - the centre to which are allocated the personnel data for staff responsible for the manufacture, repair and distribution of bedding, linen and wearing apparel.
15. Housekeeping - the department responsible for general cleanliness and sanitation throughout the hospital buildings, including staff and student residences.
16. Motor Service(excluding Ambulance) - the centre to which are allocated personnel data for staff engaged in the operation of motor vehicles used for the pick-up and delivery of supplies and materials, the transportation of patients between departments of the hospital or for special services provided outside the hospital, and the conveyance of employees.
17. Plant Operation and Hospital Security - the centre under which is reported the personnel data for staff involved in:
 - the operation of the heating plant and building service equipment;
 - the supply of water, light, heat, power refrigeration, compressed or conditioned air, etc.;
 - the operation of elevators;
 - the protection of hospital property; including guards, doormen and night watchmen.
18. Plant Maintenance - the centre to which are allocated personnel data for staff engaged in the maintenance and repair of buildings, equipment of all kinds, furnishings, grounds, roads, parking lots, etc.
19. Ancillary Operations - report here the personnel data for staff engaged in those activities approved by the Provincial Plan as "Ancillary Operations" such as a farm, barber shop, gift shop or florist shop.
20. Other - if the hospital operates any other general service not provided for above please specify the nature of the service and report the personnel data here. Include here personnel data for hospital-paid teachers employed in patient education services.

(PAGE 12 OF THE FACILITIES AND SERVICES RETURN)

DISTRIBUTION OF ACCUMULATED PAID HOURS OF NURSING DEPARTMENT STAFF

All Nursing Department Staff:

This section provides for a breakdown to the various nursing services of the paid hours accumulated during the year for personnel employed in the nursing department, excluding the staff and students of the nursing education program.

Lines 1 to 11 on page 12 are optional for certain hospitals designated by the provincial authority.

The definitions concerning the staff of individual departments, for the purpose of completing this subsection, are:

1. Nursing Administration - the staff to whom is assigned the responsibility for the general management of the nursing services. Depending upon the size and organizational structure of the hospital this may include: (a) the Nursing Director, (b) Assistant or Associate Nursing Directors, (c) Supervisors who assist in the management of the nursing service as a whole, (d) such other nursing, clerical or stenographic staff, as are assigned to the Nursing Administration office.

Note: Hospitals will not report the director of nursing in this section when she also acts as the chief executive officer of the hospital. In such a case data for this person and her total hours will be shown under General Administration on page 11, line 10, cols. 1 to 4.

- 2-3. Nursing units - Adults and Children - the staff concerned with the provision of direct nursing care to patients on the wards, 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.

Short-term Units - the staff who are assigned to units or wards concerned with the provision of active treatment, usually on a short-term basis, including care provided in special units such as in intensive care units. Note that Newborn Nursery and Delivery Room data are to be reported separately.

In cases where short-term and long-term care is provided in a single organizational unit no attempt should be made to segregate the personnel data. This should then be reported as either "short-term" or "long-term" in accordance with whichever is the dominant service in terms of patient-days.

Long-term Units - the staff of those units, if organized as a separate entity, concerned with long-term care in convalescent or rehabilitation units or in chronic or extended care units.

4. Newborn Nursery - refers to nursing staff concerned with direct nursing care of newborn infants including those in premature and suspect nurseries. Exclude staff involved in maternity ward and delivery room services.

5. Delivery Room - the staff who are assigned to the area in which the labour of pregnancy, and the delivery of newborn takes place. Includes staff of the delivery room(s) and labour room(s) of the hospital, but excludes staff for the maternity ward(s) and newborn nursery.
6. Operating Room (incl. Post-op. Recovery Room) - the staff who are assigned to the area (other than an emergency unit) designed and equipped for major and minor surgical procedures and treatments, endoscopic procedures, and setting of fractures. Includes the staff of auxiliary rooms such as post-operative recovery rooms, fracture rooms and cystoscopy rooms.
7. Emergency Unit - the staff who are assigned to the area, set apart for the provision of medical and surgical care, which functions as:
 - (1) a receiving area for evaluation and treatment of patients requiring emergency measures or urgent attention.
 - (2) a treatment area for minor surgery and non-urgent conditions.
8. Central Supply Room - the staff who are assigned to the unit concerned with preparing, sterilizing, sorting and distributing medical and surgical supplies.
9. Inhalation Therapy - the unit, if organized as a separate entity, concerned with the treatment of patients through the application of medicated water vapour and medical gases. Report this item here only when it is considered to be a function of the Nursing Service.

The personnel data of any other separately organized inhalation therapy unit should be reported under Special Services on line 18, 19 or 20 of page 10 of the HS-1 Return.

This service may be provided as an integral part of the services of a unit having broader functions. Where this is the case no attempt should be made to segregate the personnel data for inhalation therapy from that reported for the responsible unit.

10. Intravenous Therapy - the unit, if organized as a separate entity, concerned with the treatment of patients by venous injection. Blood transfusion services may be a part of the services of this unit. Report this item here only when it is considered to be a function of the Nursing Service.

The personnel data of any other separately organized intravenous therapy unit should be reported under Special Services on line 18, 19 or 20 of page 10 of the HS-1 Return.

This service may be provided as an integral part of the services of a unit having broader functions. Where this is the case no attempt should be made to segregate the personnel data for intravenous therapy from that reported for the responsible unit.

11. Other Nursing Services - specify the nature and report personnel data here for any other Nursing Service which does not fall into any preceding category.

Other Services Provided by Nursing Department Staff

- 13-15. Organized Out-patient Department, Special Clinics, Pharmacy - report in the appropriate columns the accumulated paid hours of any nursing department personnel who are performing duties in departments listed on lines 13-15.
- 16-20. Other - specify the department and report here the accumulated paid hours for nursing department staff providing services elsewhere in the hospital.

(PAGE 13 OF THE FACILITIES AND SERVICES RETURN)

ALL NURSING DEPARTMENT STAFF

Nursing Staff (exclusive of Nursing Education)

This section provides for data by category of personnel employed by the Nursing Department. Note that data for persons involved in Nursing Education are to be reported separately on lines 15 to 21.

Number currently registered - this heading refers to those Registered Nurses who are currently registered with the legally approved body in the province in which the hospital is located.

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

1. Nursing Director - a graduate nurse who is responsible for administering the total nursing program of the hospital. Where the Director is also the chief executive officer (Administrator) of the hospital report the position and personnel data only under Administration (on page 11, line 10 of the Return) noting this fact on page 13, line 1.
2. Associate or Assistant Directors - graduate nurse(s) who assist the nursing director in administration of the total nursing program and who assume the responsibility of the director in the latter's absence.
3. Nursing Supervisors - graduate nurse(s) who are 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 and night supervision of the nursing service as a whole. Include here the category of Assistant Supervisor.
4. Head Nurses - graduate nurses who are responsible for the nursing care of patients, ward administration and supervision of nursing staff in one nursing unit of the hospital.
5. Assistant Head Nurses - graduate nurses who are responsible for assisting the head nurse in the administration and supervision of a nursing unit.
6. Other Graduate Nurses - refers to graduate nursing personnel below the level of Assistant Head Nurse who carry out general staff duties on hospital wards, or who are assigned to special nursing service areas, such as operating room, plaster room, emergency, out-patient department, etc. Also include here relevant data relating to special duty nurses employed by the hospital for the necessary nursing care of specific patients.

8. Qualified Nursing Assistants - persons who have successfully completed a formal course of training and who are eligible for provincial certification, licensing or registration as a nursing aide, nursing assistant or practical nurse.
9. Orderlies - male nursing staff who are below the level of graduate nurse. Also included here are persons receiving in-service training as orderlies.

Other Nursing Department Personnel

10. - Nurse Interns - undergraduate professional nurses in the intern period of a two-plus course.
11. - Child - care Nurses - persons who have graduated from an accredited school for child-care in the Province of Quebec.
12. - Ward-clerks and Receptionists - includes staff assigned to clerical and receptionist duties in the wards and other nursing service areas.
13. - Others - all other nursing department personnel not entered elsewhere, including secretarial staff attached to Nursing Administration, ward aides and persons other than those specified above, receiving on-the-job training (e.g. as ward aides).

Nursing Education

In this section report personnel data for the staff and students of the department, the principal functions of which are the operation of a school of nursing and / or the provision of formal training for nursing personnel where the course leads to provincial certification, licensing or registration. This would normally include: (a) the senior nurse responsible for the direction of the School of Nursing; (b) her assistant(s), if any; (c) clinical and classroom instructors; (d) clerical or stenographic staff assigned to Nursing Education; (e) house mothers; (f) students of the school of nursing; (g) other trainee nursing personnel whose courses lead to provincial certification, licensing or registration.

The number of persons working full-time as at December 31 (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. 4) will include the student withdrawals or graduations involving separation from the hospital during the year, excluding affiliates. Total paid hours accumulated during the year (excluding student classroom hours) (col. 5) will include hours for time spent in the hospital by Affiliates-in, but exclude hours spent outside the hospital by Affiliates-out.

15. Graduate Nurses - Director of School and/or Associate Director of Nursing Education - refers to the senior graduate nurse and her associate or assistant director (if any), who are responsible for the administration of the program(s) in nursing education.
16. Graduate Nurses - Teaching (clinical and classroom instructors) - refers to all graduate nurses whose function it is to instruct and train nursing students, trainee nursing assistants and child-care nurses.

- 17-18. Nursing Students - persons who are undertaking a formal course of study and are undergraduates in an approved school of professional nursing. This includes probationers but excludes nurse interns (undergraduates in the intern period of a two-plus course).
19. Student Nursing Assistants - refers to students undertaking a formal course of training below that of a graduate nurse where the course leads to provincial certification, licensing or registration.
20. Student Child-care Nurses - refers to students undertaking a formal course in the Province of Quebec in a school approved for training of child-care nurses.
21. Others assigned to Nursing Education - refers to clerical and stenographic staff, student residence supervisors, and the like who are assigned to nursing education.

(PAGE 14 OF THE FACILITIES AND SERVICES RETURN)

PAID MEDICAL STAFF (excluding Interns and Residents)

Include in this section all physicians and surgeons who receive salaries, fees or any other form of remuneration from the hospital. Enter the number, who are providing paid services as at December 31, in the various categories as applicable. Report each physician and surgeon only once in that position considered to be his principal function.

- 1,2,4,5,7. Psychiatrists, Pathologists, Cardiologists, Radiologists and Physiatriests - include only those who are certified in a particular specialty. Cardiologists would be persons who are certified in Internal Medicine and have majored in Cardiology. Certification is carried out by the Royal College of Physicians and Surgeons, the American Examining Board in Medical Specialties (Accredited), or equivalent bodies in the United Kingdom, Australia, or New Zealand.
- 3,6. Other Medical Staff in Laboratory and Radiology - refers to persons with a medical degree who are not certified Pathologists or Radiologists.
8. Chief of Medical Staff and Heads of Services - include those paid physicians who hold the position of Chief of Medical Staff or heads of services, such as Chief of Surgical Service, Chief of Pediatrics, etc. Include here only those who do not fall into any of the aforementioned categories.
9. Medical Education - applies to any physicians and surgeons receiving remuneration from the hospital, not already included in any of the aforementioned categories, who are engaged as medical educators in the intern and resident program(s) of the hospital.
10. Medical Director and/or Assistant Director (Medical) - the chief executive officer (administrator) of the hospital and/or Assistant Associate Director who also hold medical degrees.

11. Other Paid Medical Staff - include any certified specialists and any general practitioners or dental staff who receive remuneration from the hospital, and who do not fall into any of the preceding categories.

OTHER SELECTED PROFESSIONAL AND TECHNICAL CATEGORIES

13. Psychologists - applies to persons who have successfully completed a post-graduate degree course in a recognized university, with specialization in Psychology.
14. Pharmacists - refers to persons who have graduated from a course in Pharmacy from a recognized university; or registration under the Pharmacy Act of the province.
15. Physiotherapists - refers to persons who have graduated from a course of Physiotherapy from a recognized university; or who have qualifications approved by the Canadian Physiotherapy Association.
16. Occupational Therapists - refers to persons who have graduated from a course of Occupational Therapy from a recognized university; or who have qualifications approved by the Canadian Association of Occupational Therapists.
17. Speech Therapists - refers to persons who have graduated from a course of Speech Therapy or Speech Pathology from a recognized university; or who have equivalent qualifications.
18. Audiologists - refers to persons who have graduated from a course of Audiology from a recognized university; or who have equivalent qualifications.
19. Social Workers - refers to persons who have graduated from a school of social work of a recognized university; or who have qualifications approved by the Canadian Association of Social Workers.
20. Medical Record Librarians - refers to persons having registration with the Canadian Association of Medical Record Librarians as a qualified medical record librarian.
21. Medical Record Technicians - refers to persons having registration with the Canadian Association of Medical Record Librarians as a qualified medical record technician.
22. Dietitians - refers to persons whose qualifications include graduation from a recognized university together with completion of an approved dietetic internship, or other qualifications and experience approved by the Canadian Dietetic Association.

(PAGE 15 OF THE FACILITIES AND SERVICES RETURN)

Laboratory Personnel - (excluding Paid Medical Staff, Interns, Residents and Students.)

1. Non-medical specialist staff - include any specialist, who is not a physician or surgeon, holding a science degree from university; e.g. - Hon. B.Sc., M.Sc., Ph.D.

2. Technologists - C.S.L.T. - Registered (or eligible for registration) - refers to those technologists registered as "R.T." with the Canadian Society of Laboratory Technologists or those persons having sufficient qualifications to assure registration should an application be made.
- 3-4. Technologists - C.S.L.T. - Advanced R.T. and Licentiate - refers to those technologists registered with the Canadian Society for Laboratory Technologists as "A.R.T." or "Licentiate".
5. Technologists - Non-registered - refers to persons employed as laboratory technologists who are not registered nor eligible for such registration (see items 2 to 4 above).
6. Combined Laboratory and Radiological Technicians - include here employees who have taken a combined course in Laboratory and Radiology technology below the level of courses leading to registration in either discipline. Count this person only once in that department where the majority of time is spent. Hours will be divided in accordance with the time actually spent in each department.
7. Other technical staff - include persons below the level of "R.T." who are employed as E.C.G. and E.E.G. technicians or any other such technical personnel who are a part of the Laboratory Department staff.
8. Graduate nurses - include those graduate nurses who are employed in the Laboratory, but are not eligible for registration as technologists. Specify their duties.
9. Other laboratory staff - include other employees of the department such as glassware washers, morgue attendants, messengers, clerical and stenographic staff.

Radiology Personnel - Diagnostic and Therapeutic (excluding Paid Medical Staff, Interns, Residents and Students).

11. Non-medical specialist staff - include any specialist, who is not a physician or a surgeon, holding a science degree from a university, such as a physicist, e.g. Hon.B.Sc., M.Sc., Ph.D.
12. Technicians - C.S.R.T. - Registered (or eligible for registration) - refers to all radiological technicians registered with the Canadian Society of Radiological Technicians, or the American Registry of X-ray Technicians, or having the necessary qualifications to assure registration should an application be made.
13. Technicians - Non-registered - refers to persons employed as radiological technicians who are not registered and who do not qualify as being eligible for registration (see item 12 above).
14. Combined Laboratory and Radiological Technicians - include here employees who have taken a combined course in Laboratory and Radiology technology below the level of courses leading to registration in either discipline. Count this person only once in that department, where the majority of time is spent. Hours will be divided in accordance with the time actually spent in each department.

100

1. NAME OF HOSPITAL _____
ADDRESS _____
CITY _____

ANNUAL RETURN OF HOSPITALS

2. DATE OF REPORT _____
REPORTING PERIOD _____

FACILITIES AND SERVICES

3. NUMBER OF PATIENTS _____

4. TYPE OF PATIENTS _____
TYPE OF SERVICES _____
TYPE OF FACILITIES _____

DESCRIPTION

5. DESCRIPTION OF FACILITIES _____
DESCRIPTION OF SERVICES _____

6. DESCRIPTION OF PATIENTS _____
DESCRIPTION OF SERVICES _____

7. DESCRIPTION OF FACILITIES _____
DESCRIPTION OF SERVICES _____

8. DESCRIPTION OF PATIENTS _____
DESCRIPTION OF SERVICES _____

9. DESCRIPTION OF FACILITIES _____
DESCRIPTION OF SERVICES _____

10. DESCRIPTION OF PATIENTS _____
DESCRIPTION OF SERVICES _____

1971

ANNUAL RETURN OF HOSPITALS

FORM HS - 1

FACILITIES AND SERVICES

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.

Signature of Hospital Authority_____
Date_____
Title

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.

Provincial Authority_____
Date

SUPPLEMENTARY INFORMATION

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

1971 ANNUAL RETURN OF HOSPITALS - FORM HS-1 - FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(02)

CLASSIFICATION OF HOSPITAL - Check or specify all appropriate items (as at December 31):

TYPE OF HOSPITAL

1. Public 01 ☐
2. Private 02 ☐
3. Federal 03 ☐
4. SERVICE
5. General 05 ☐
6. Maternity 06 ☐
7. Convalescent and/or rehabilitation 07 ☐
8. Chronic and/or extended care 08 ☐
9. Other (specify): 09 ☐

OWNERSHIP AND OPERATION (check one only in each column)

NON - PROFIT

- | | Ownership
3 | Operation
4 |
|---|--------------------------|--------------------------|
| Lay corporation 01 | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious organization 02 | <input type="checkbox"/> | <input type="checkbox"/> |
| Red Cross 03 | <input type="checkbox"/> | <input type="checkbox"/> |
| Municipality, union or hospital district 04 | <input type="checkbox"/> | <input type="checkbox"/> |
| Provincial Government 05 | <input type="checkbox"/> | <input type="checkbox"/> |
| Federal Government 06 | <input type="checkbox"/> | <input type="checkbox"/> |
| Industrial 07 | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): 08 | <input type="checkbox"/> | <input type="checkbox"/> |

PROPRIETARY 09 ☐ ☐

BEDS AND CRIBS AND PATIENT - DAYS BY TYPE OF UNIT

(column 4, lines 10 to 18 are optional for certain hospitals - see instructions)

SHORT - TERM UNITS - ADULTS AND CHILDREN

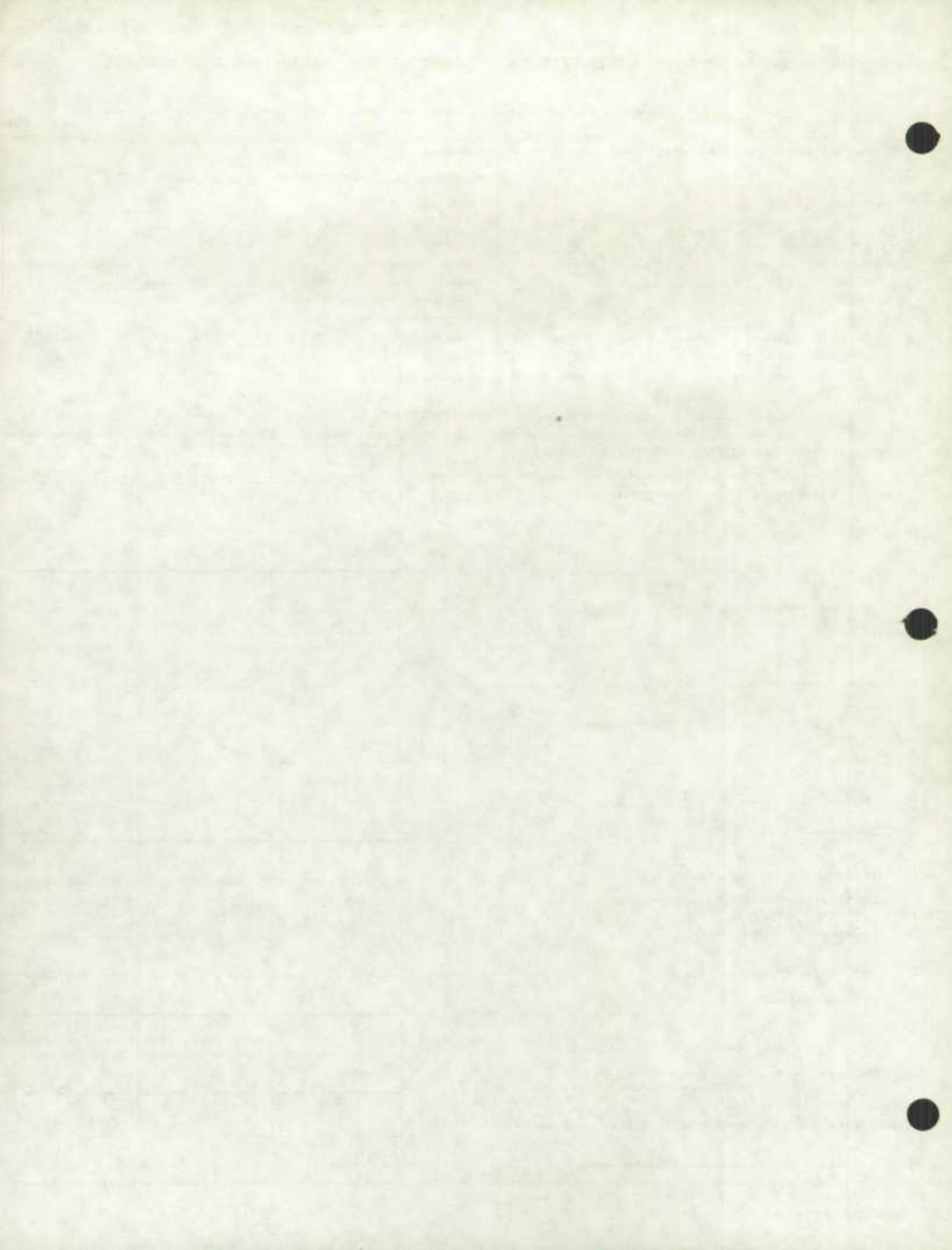
10. Medical 10
11. Surgical 11
12. Sub-total - Medical and Surgical 12
13. Intensive care 13
14. Obstetrical (maternity) 14
15. Pediatric (children) (specify upper age limit: _____ years) 15
16. Psychiatric 16
17. I.B. 17
18. Other short-term (specify): 18
19. TOTAL FOR SHORT - TERM UNITS 19

LONG - TERM UNITS - ADULTS AND CHILDREN

20. Convalescent and/or rehabilitation 20
21. Chronic and/or extended care 21
22. Other long-term (specify): 22
23. TOTAL FOR LONG - TERM UNITS 23
24. TOTAL (lines 19 + 23) (Col. 3 agrees with page 3, line 4, col. 5)
(Col. 4 agrees with page 3, line 11, col. 5) 24

BASSINETS AND PATIENT - DAYS FOR NEWBORN (col. 4 agrees with page 3, line 11, col. 5) 25

26. Check which standards have been used for rated bed capacity 26 ☐ 2 Federal☐ 3 Provincial



1971 ANNUAL RETURN OF HOSPITALS - FORM HS-1 - FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(03)

BEDS AND PATIENT - DAYS DURING YEAR BY TYPE OF ACCOMMODATION CHARGED:

1. Standard 01
2. Semi-private 02
3. Private 03
4. **TOTAL** (col. 5 agrees with page 2, line 24, col. 3)
(col. 6 agrees with page 3, line 11, col. 5) 04

Adults and Children	
Beds set up at December 31	Patient-days during year
5	6

PATIENT - DAYS DURING THE YEAR BY RESPONSIBILITY FOR PAYMENT:

5. Provincial plan 05
6. Federal Government 06
7. Workmen's Compensation Boards 07
8. Non-residents of the province 08
9. Uninsured residents of the province 09
10. Insured residents, care not responsibility of Provincial Plan 10
11. **TOTAL PATIENT - DAYS** (col. 5 agrees with line 4, col. 6 above)
(col. 6 agrees with page 2, line 25, col. 4) 11

Patient-days	
Adults & Children	Newborn
5	6
	XXXXXX

MOVEMENT OF IN - PATIENTS:

(excluding stillbirths)

		Adults and Children					Newborn
		Short-term units	Convalescent and/or rehabilitation units	Chronic and/or extended care units	Other long-term units	Total for adults and children	
		1	2	3	4	5	6
12.	In hospital at January 1 12						
13.	Admissions during year (col. 6 agrees with page 7, line 24, col. 6) 13						
14.	TOTAL UNDER CARE DURING YEAR (line 12 plus line 13) 14						
15.	Discharges during year 15						
16.	Deaths during year 16						
17.	TOTAL SEPARATIONS DURING YEAR (line 15 plus line 16) 17						
18.	In hospital at December 31 (line 14 minus line 17) 18						
19.	TOTAL DAYS' STAY (from date of admission) of patients separated during year 19						

1971 ANNUAL RETURN OF HOSPITALS -- FORM HS-1 -- FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(04)

LABORATORY SERVICES - Enter standard units for technical and non-professional workload

(Do not include units for professional component of work such as medical interpretations, etc.):

Routine health
examinations - staff,
environmental,
quality control,
calibration
standards and
research**STANDARD UNITS DURING YEAR****DONE BY HOSPITAL LABORATORY**(lines 1 to 11 are optional for
certain hospitals - see
instructions)

In-patients

Out-patients

Referred - in
(incl. Public Health)

Total

1

2

3

4

5

1. Haematology 01

2. Urinalysis (routine qualitative) 02

3. Biochemistry (blood, urine, etc.) 03

4. Bacteriology, microbiology, virology 04

5. Histopathology 05

6. Cytopathology 06

7. Blood bank 07

8. Services performed **BY THE
LABORATORY** as per page 5, lines 13
to 20 (if relevant), cols. 1 & 2 089. Procurement and handling
of specimens 09

10. Other (specify): 10

11. 11

12. **TOTAL UNITS DONE BY LABORATORY** 1213. Analysis of standard units
(reported in col. 4, line 12; (sum of
cols. 1 to 5 must agree with
line 12, col. 4 above) 13Routine health
examinations -
staffEnvironmental
(hospital sanitation
control)

Quality control

Calibration
standards

Research

1

2

3

4

5

14. Check or specify schedule of unit
values used by the hospital: 14 ☐ Federal☐ Provincial☐ Other (specify) _____15. Check or specify procedures done
routinely on admission to hospital: 15 ☐ Urinalysis☐ Haemoglobin☐ Syphilis
serology☐ Vaginal
cytopathology☐ P.K.U.16. 16 ☐ Other (specify): _____

Automated methods in hospital laboratory:

17. Number of automated chemical methods 17

Number of automated cell counting methods 18

Number of units performed

by automated chemical methods 18

1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(05)

LABORATORY SERVICES (continued) - Enter standard units for technical and non-professional workload
(Do not include units for professional component of work such as medical interpretations, etc.):

**STANDARD UNITS DURING YEAR
REFERRED - OUT TO OTHERS**

(lines 1 to 10 are optional for
certain hospitals - see
Instructions)

	In-patients	Out-patients	Routine health examinations - staff, environmental, etc.	Totals	Totals	
					Charged to hospital	Not charged to hospital
	1	2	3	4	5	6
1. Haematology	01					
2. Urinalysis (routine qualitative)	02					
3. Biochemistry (blood, urine, etc.)	03					
4. Bacteriology, microbiology, virology	04					
5. Histopathology	05					
6. Cytopathology	06					
7. Blood bank	07					
8. Other (specify):	08					
.....	09					
10.	10					
11. TOTAL UNITS REFERRED - OUT 11						

(sum of cols. 1 + 2 + 3 equals col. 4)

(sum of cols. 5 + 6 equals col. 4)

NUMBER OF SPECIMENS
12 REFERRED - OUT TO OTHERS 12

SERVICES WHICH MAY BE
PROVIDED BY EITHER LABORATORY,
RADIOLOGY, OR AS A SEPARATE
DEPARTMENT:

Enter number during year:

	Number of standard units		Number of examinations or treatments		Name of department carrying out the service
	In-patients	Out-patients	In-patients	Out-Patients	
	1	2	3	4	
13. E.C.G. (E.K.G.)	13				
14. E.E.G.	14				
15. B.M.R.	15				
16. Echograms	16				
17. Radioisotopes - Diagnostic	17				
18. - Therapeutic	18				
19. Other (specify):	19				
20.	20				

1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(06)

RADIOLOGY DEPARTMENT SERVICES

DIAGNOSTIC SERVICES

Enter the number of examinations during the year:

	In-patients	Out-patients (incl. Private out-patients)	Routine health examinations - staff	Total examinations	Total Examinations	
					Done by hospital	Done by other agencies
	1	2	3	4	5	6
1. T.B. screening chest X-rays - miniature ... 01						
2. T.B. screening chest X-rays - other 02						
3. Fluoroscopic exams - with or without film 03						
4. Cinéradiographic examinations 04						
5. Other X-ray film examinations 05						
6. Sub-total 06						
7. Services performed by Diagnostic Radiology as per page 5, lines 13 to 20 (if relevant), cols. 3 & 4) 07			XXXXXX			XXXXXX
8. Other (specify): 08						
9. TOTAL DIAGNOSTIC EXAMINATIONS 09						

(sum of cols. 1 + 2 + 3 equals col. 4)

(cols. 5 + 6 equal col. 4)

MEDICAL INTERPRETATION OF X-RAY EXAMINATIONS

Report here the number of the above X-ray examinations for which a written interpretation is provided to the hospital. Count only the first written interpretation given for any single examination:

10. Number of written X-ray interpretations 10

By a radiologist		By others		Total
Charged to hospital	Not charged to hospital	Charged to hospital	Not charged to hospital	
2	3	4	5	6

THERAPEUTIC SERVICES

Enter number of treatments during the year:

11. Superficial X-ray therapy 11

12. Deep X-ray therapy 12

13. Cesium therapy 13

14. Cobalt therapy 14

15. Radium therapy 15

16. Services performed by Therapeutic Radiology
as per page 5, lines 17 to 20 (if relevant), cols. 3 & 4 16

17. Radioisotopes - therapeutic - done by other agencies 17

Other (specify): 18

19. TOTAL RADIOTHERAPY TREATMENTS 19

Done by hospital		Done by other agencies for patients of the hospital		Total
In-patients	Out-patients	In-patients	Out-patients	
2	3	4	5	6
		XXXXXX	XXXXXX	
XXXXXX	XXXXXX			

1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(07)

RADIOLOGY DEPARTMENT — MACHINES AND EQUIPMENT — Enter number of machines or pieces of equipment as at Dec. 31:**DIAGNOSTIC EQUIPMENT:**

Not equipped for fluoroscopy 1	Equipped for fluoroscopy	
	without spot film device 2	with spot film device 3
1. Machines-stationary-for general diagnostic purposes - including those equipped for image intensification 01		
2. Mobile radiography machines 02		

3. Miniature chest X-ray machines 03
4. Image intensifier and/or amplifier equipment:
(a) for viewing only (recording by standard techniques) 04
5. (b) for viewing and recording (on 16 mm. or 35 mm. cine and/or 70 mm. kinescopic film) 05
6. (c) mobile image intensifiers 06
7. Video tape recorders 07
8. Number of image amplifier units served by video tape equipment 08
9. Other (specify): 09

THERAPEUTIC EQUIPMENT:

- 6
- 150 Kilovolts or less 01
- 151 to 999 Kilovolts 02
- 1000 Kilovolts or higher 03
- Cesium teletherapy 04
- Cobalt teletherapy 05
- Other (specify): _____
- _____ 07

CASES OF POISONING

10. Number of cases treated or consultations provided whether in the operating room, emergency unit or elsewhere in the hospital 10

In-patients 4	Out-patients 5	Total 6

OPERATING ROOM AND EMERGENCY SERVICES

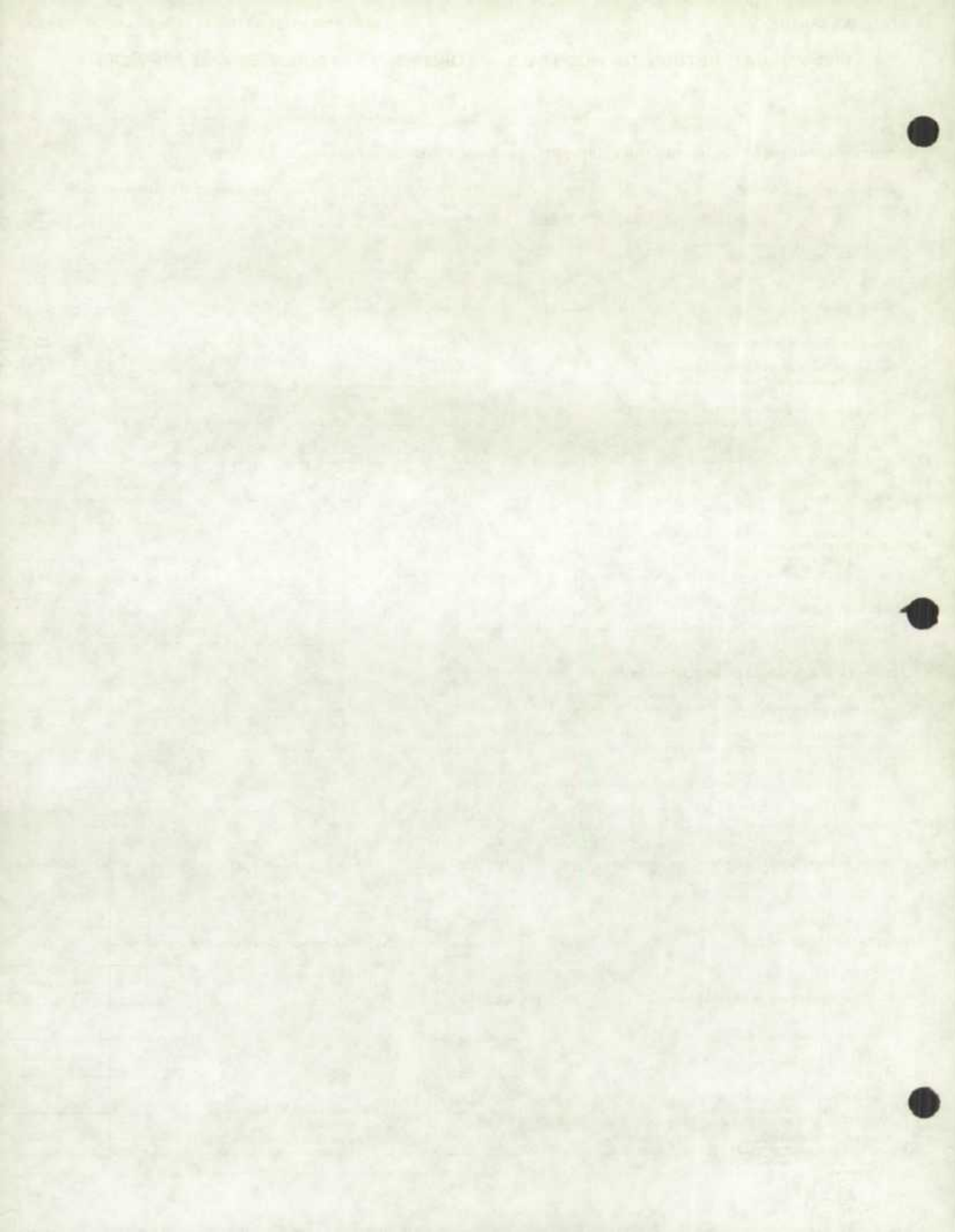
11. Number of visits during which operations, treatments or examinations were carried out in Operating Rooms (excluding visits to the Emergency Unit) 11
12. Number of visits to the Emergency Unit (include ALL visits for operations, treatments or examinations done by the Emergency Unit) 12
13. Number of operating rooms in main suites (excluding those reported on lines 14 and 15) 13
14. Number of cystoscopic rooms 14
15. Number of operating rooms in the Emergency Unit and/or the Out-patient Department 15

OBSTETRICAL SERVICES

- | | Number during year
2 |
|--|-------------------------|
| 16. Number of livebirths with congenital anomalies 16 | |
| 17. Deaths of livebirths within 7 days of birth 17 | |
| 18. Number of stillbirths 18 | |
| 19. Number of mothers delivered (of livebirths and stillbirths) 19 | |
| 20. Number of Caesarean sections (included in line 19 above) 20 | |

LIVEBIRTHS AND POSTNATAL NEWBORN ADMISSIONS

- | | Number during year
6 |
|---|-------------------------|
| 21. Immature livebirths 21 | |
| 22. Other livebirths 22 | |
| 23. Postnatal newborn admissions 23 | |
| 24. Total newborn admissions (agrees with page 3, line 13, col. 6) 24 | |



Name of hospital

City, town, etc.

(08)

	Done in hospital	Done outside hospital	Total
1	3	4	5
2		XXXXXXXX	
3			

Enter the number of autopsies performed during the year:

- | | | | |
|----|---------------------------|-----------------------------------|----|
| 1. | Number of autopsies . . . | of hospital deaths | 01 |
| 2. | | of other deaths | 02 |
| 3. | | of hospital stillbirths | 03 |

[illegible]

Enter here the number of therapeutic services performed during the year:

4.	- number of time units	04	
5.	- number of weighted units	05	
6.	- number of patient attendances	06	
OCCUPATIONAL THERAPY			
7.	- number of time units	07	
	- number of weighted units	08	
	- number of patient attendances	09	

20.	number of patient attendances	20
-----	-------------------------------------	----

In-patients	Staff and others	Supplied to other institutions	Total meal-days
2	3	4	5
		XXXXXX	

10. Number of meal-days during the year prepared by hospital 10
11. " " " purchased from others 11

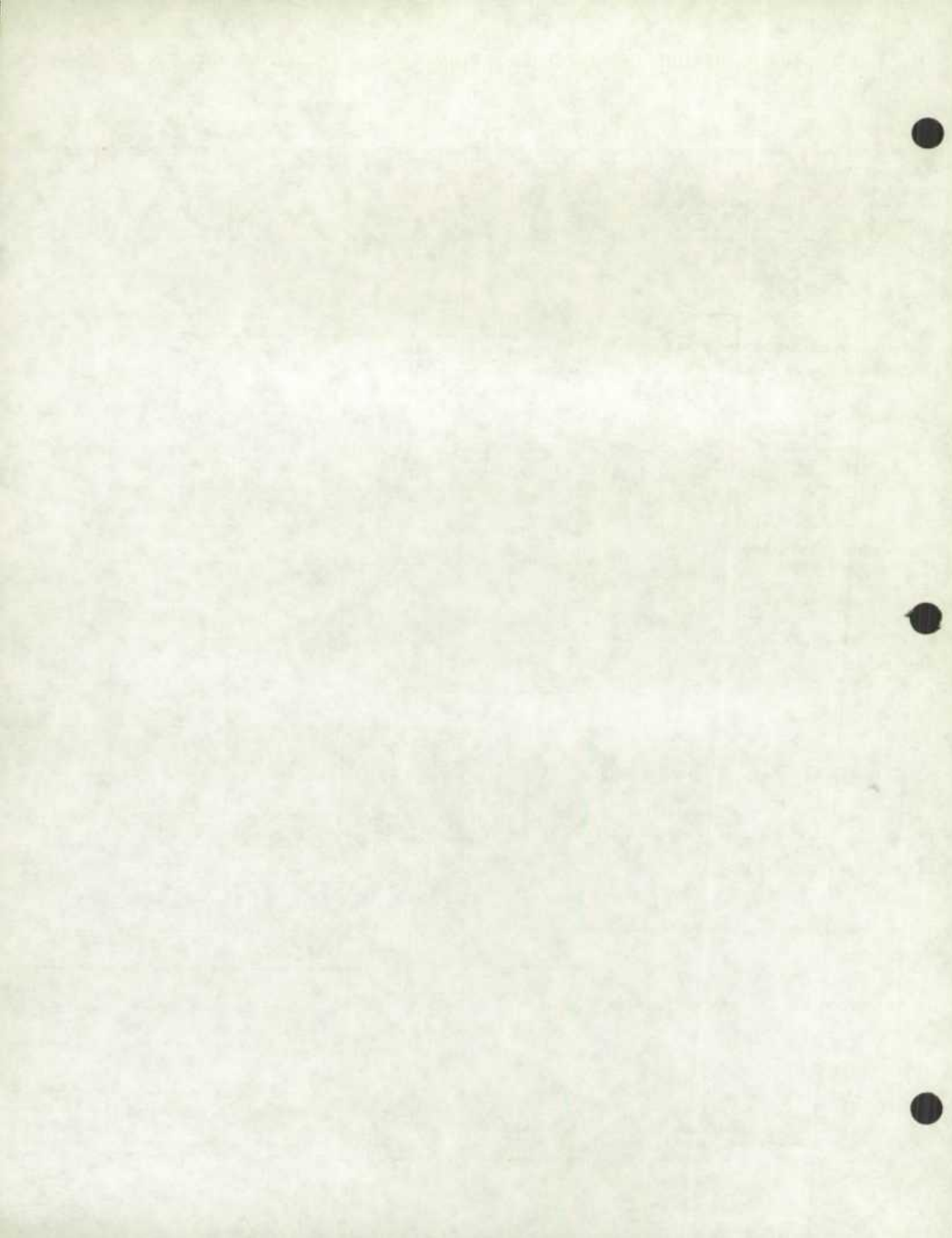
(sum of lines 10 + 11, col. 2 agrees with page 2, line 24, col. 4)

	Done in hospital	Sent out	Total
2	3	4	5
3		XXXXXX	
4			

- | | | |
|-----|---|----|
| 12. | Number of pounds of laundry (soiled weight) - done during the year for own hospital | 12 |
| 13. | - done during the year for others | 13 |
| 14. | TOTAL POUNDS OF LAUNDRY FOR THE YEAR | 14 |

Beds set up as at Dec. 31	Beds occupied as at Dec. 31
4	5

15. Funding of beds in residence accommodation as of Dec. 31 for all hospital units including interns, residents, nurses, students, etc. _____



1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(09)

ORGANIZED OUT-PATIENT DEPARTMENT
AND SPECIAL CLINIC SERVICES

ORGANIZED OUT - PATIENT DEPARTMENT AND SPECIAL CLINIC SERVICES	Organized out-patient department			Special clinics not a part of an organized out-patient department		Total
	In-patient visits	Out-patient visits		In-patient visits	Out-patient visits	
		When "free" or for a token payment	When charged at full rates			
	1	2	3	4	5	6
1. General diagnostic or screening clinic 01						
2. Allergy 02						
3. Arthritis and rheumatism 03						
4. Cancer 04						
5. Cardiac diseases 05						
6. Dentistry 06						
7. Dermatology 07						
8. Endocrine and metabolic diseases 08						
9. Gastro-intestinal 09						
10. Gynecology 10						
11. Neurology 11						
12. Obstetrics (incl. Well-baby clinics) 12						
13. Ophthalmology 13						
14. Orthopedics 14						
15. Otorhinolaryngology 15						
16. Psychiatry and/or mental health 16						
17. Renal dialysis 17						
18. Speech and hearing 18						
19. Tuberculosis 19						
20. Urology 20						
21. Venereal diseases 21						
22. All others 22						
23. TOTAL VISITS 23						

6

24 HOSPITAL — BASED HOME CARE PROGRAM: Number of patients admitted to the program during the year24

1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(10)

TOTAL PERSONNEL DATA BY DEPARTMENT

(from all of the items on this page **exclude**
medical staff, medical interns and
residents, and students)

Persons employed as at December 31		Separations during the year from full-time employment	Total accumulated paid hours during the year
Full-time	Part-time		
1	2	3	4

NURSING SERVICES

1. (col. 4 agrees with page 12, line 12, col. 5) 01

SPECIAL SERVICES

2. Organized Out-patient Department 02

3. Special Clinics - Psychiatric 03

4. T.B. 04

5. All Other Clinics 05

6. Laboratory 06

7. ECG (ECG) 07

8. EEG 08

9. Radioisotope Services 09

10. Pharmacy 10

11. Radiology - Diagnostic 11

12. Therapeutic 12

13. Physical Medicine and Rehabilitation 13

14. Social Service 14

15. Ambulance Service 15

16. Office of the Medical Staff (clerical and stenographic) 16

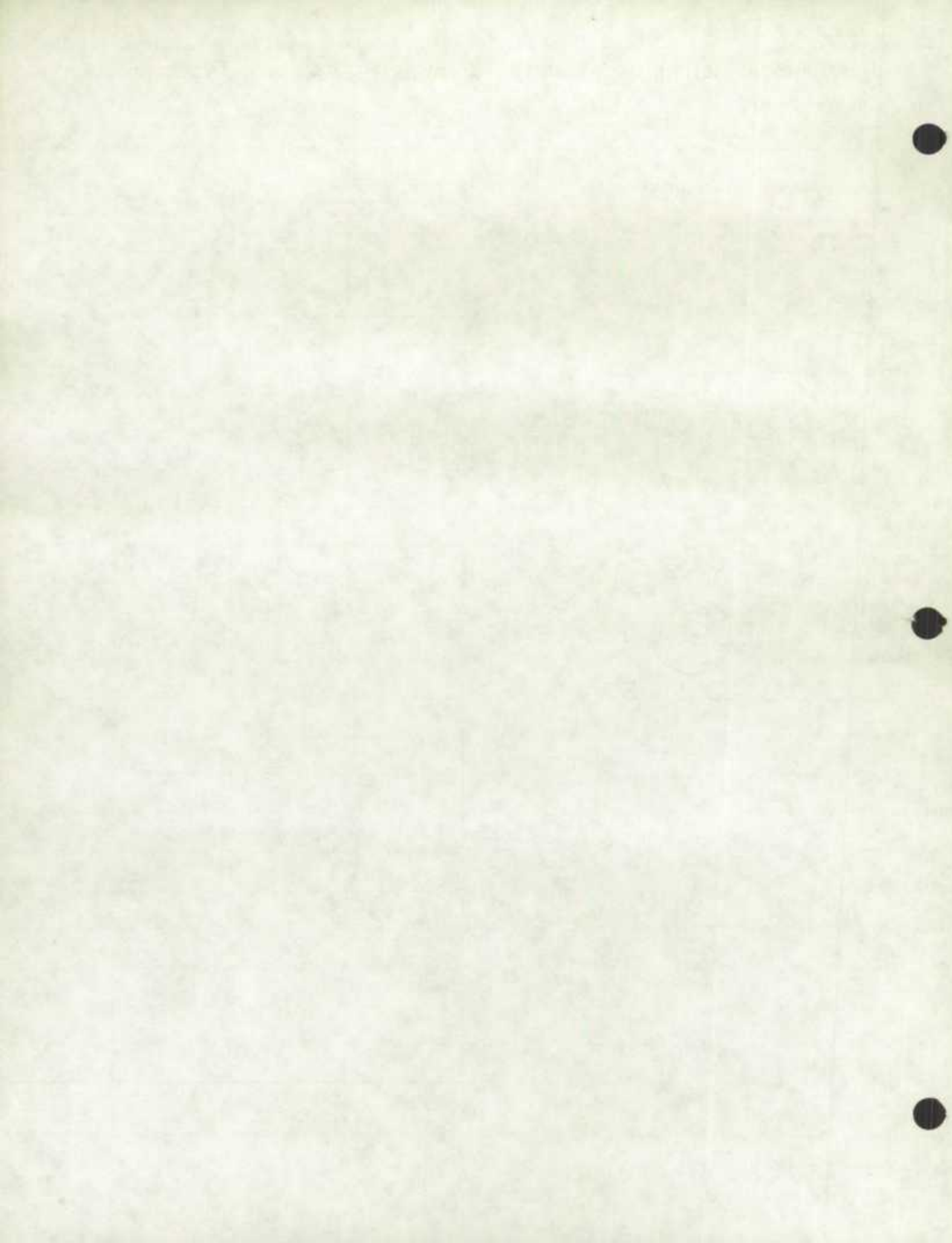
17. Special Research Projects 17

18. Other (specify): 18

19. 19

20. 20

21. TOTAL SPECIAL SERVICES (sum of lines 2 to 20) 21



1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(11)

TOTAL PERSONNEL DATA BY DEPARTMENT (continued)

EDUCATIONAL SERVICES — in this section include all medical interns and residents but exclude all other medical staff. Also include other instructors, school staff and students of formally organized education programs. See instructions and Definitions:

		Persons employed as at December 31		Separations during the year from full-time employment	Total accumulated paid hours during the year (excluding student classroom hours)
		Full-time	Part-time		
		1	2	3	4
1.	Medical Education (exclude from col. 4 paid hours for medical interns and residents)	01			
2.	Nursing Education (cols. 1 to 4 agree with page 13, line 22, cols. 1, 2, 4 and 5 respectively)	02			
3.	Laboratory Technologists Training	03			
4.	Radiology Technicians Training	04			
	Other Student Training (specify):				
5.	.....	05			
6.	.....	06			
7.	.....	07			
8.	.....	08			
	TOTAL EDUCATION SERVICES	09			

GENERAL SERVICES (excluding medical staff, interns, residents and students)

10.	General Administration	10			
11.	Medical Records and Medical Library	11			
12.	Dietary	12			
13.	Laundry	13			
14.	Linen Service	14			
15.	Housekeeping	15			
16.	Motor Service (excluding Ambulance)	16			
17.	Plant Operation and Hospital Security	17			
18.	Plant Maintenance	18			
19.	Ancillary Operations	19			
	Other (specify):				
	.....	20			
	TOTAL GENERAL SERVICES	21			

22. **TOTAL ALL DEPARTMENTS** (excluding medical staff)
(sum of lines 1 + 21, page 10 plus lines 9 + 21, page 11)

Name of hospital

City, town, etc.

(12)

Lines 1 to 11 are optional for certain hospitals - see instructions.

NURSING SERVICES:

1. Nursing Administration	01
Nursing Units - Adults and Children	

2. Short-term Units 02

3. Long-term Units 03

4. Newborn Nursery..... 04

S. Delivery Room 05

6.	Operating Room (incl. Post-op. Recovery Room)	06
----	---	----

7. Emergency Unit.....07

8. Central Supply Room..... 08

Isolation Therapy 09

10 Intravenous Therapy 10

11. Other Nursing Services (specify): _____

12. **SUB - TOTAL** (col. 5 agrees with page 10,
line 1, col. 4) 12

OTHER SERVICES PROVIDED BY NURSING DEPT. STAFF

13. Organized Out-patient Department.....13

14. Special Clinics (Psychiatric, T.B. & All Other Clinics).....	14
--	----

15. Pharmacy 15

16. Other (specify):

17. _____ 17

18. _____ 18

19. _____ 19____

20 _____ 20 _____

TOTAL	21
-------	----

Accumulated paid hours during the year

Graduate
nurses

Qualified
nursing
assistants

Orderlies

Other Nursing
Dept. Staff

Total
accumulated

1

2

3

—

\$

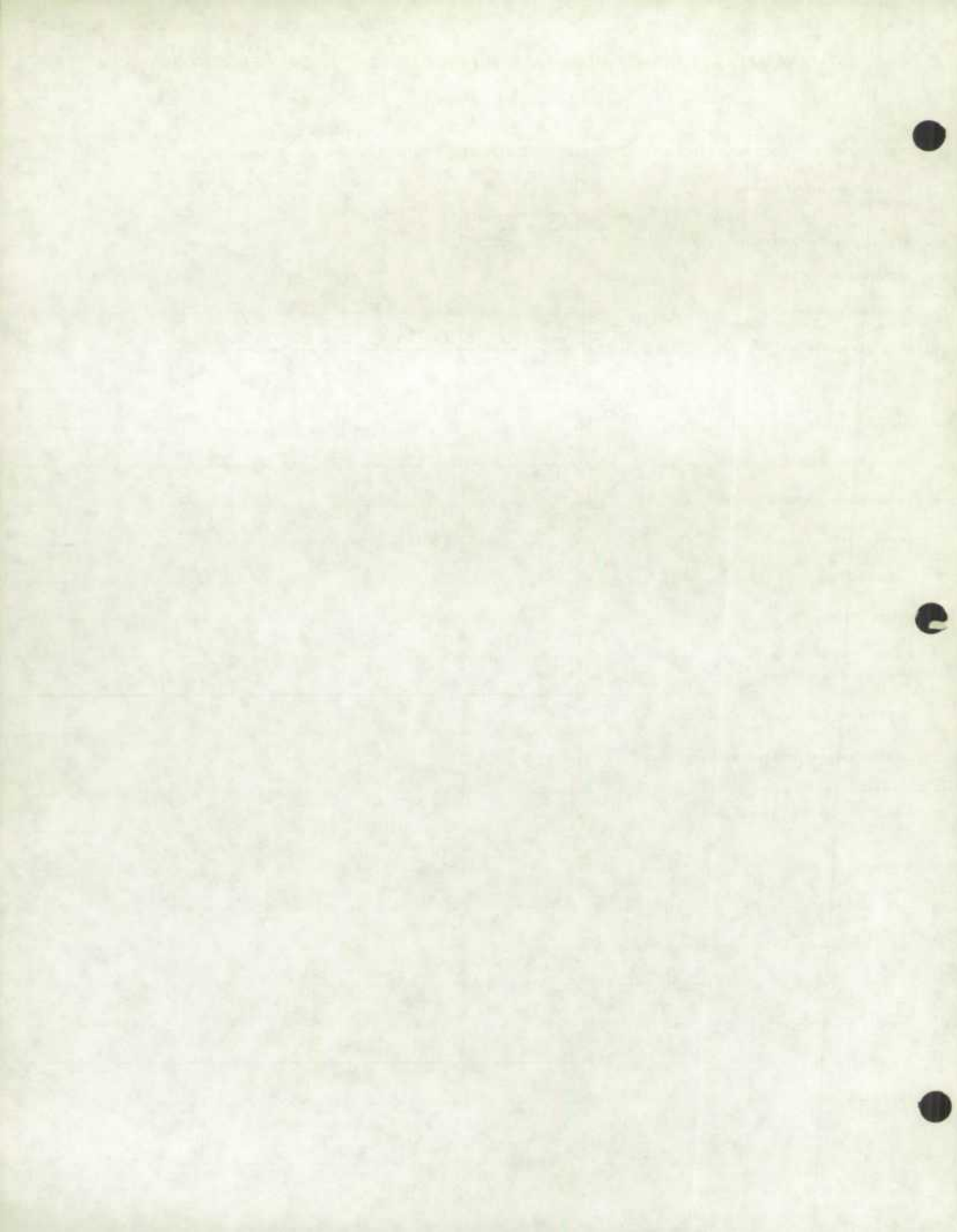
Agrees with
page 13, line 7,
col. 5.

agrees with
page 13, line 8,
col. 5.

agrees with
page 13, line 9,
col. 5.

agrees with
page 13, lines
10, 11, 12,
13, col. 5.

agrees with
page 13, line 14,
col. 5



1971 ANNUAL RETURN OF HOSPITALS - FORM HS-1 - FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(13)

ALL NURSING DEPARTMENT STAFF

NURSING STAFF (exclusive of Nursing Education):

	Nursing staff employed as at Dec. 31			Separations during the year from full-time employment	Total accumulated paid hours during the year (excluding student classroom hours) *
	Full-time	Part-time	Number currently registered		
	1	2	3	4	5
1. Graduate Nurses - Nursing Director 01					
2. Associate or Assistant Director 02					
3. Nursing Supervisors 03					
4. Head Nurses 04					
5. Assistant Head Nurses 05					
6. Other Graduate Nurses 06					
7. SUB - TOTAL (col. 5 agrees with page 12, line 21, col. 1) 07					
8. Qualified Nursing Assistants (col. 5 agrees with page 12, line 21, col. 2) 08			XXXXX		
9. Orderlies (col. 5 agrees with page 12, line 21, col. 3) 09			XXXXX		
Other Nursing Department Personnel:			XXXXX		
10. Nurse Interns (in intern period of two-plus course) 10			XXXXX		
11. Child-care Nurses 11			XXXXX		
12. Ward Clerks and Receptionists 12			XXXXX		
13. Others 13			XXXXX		
14. TOTAL (col. 5 agrees with page 12, line 21, col. 5) 14					

NURSING EDUCATION

15. Graduate Nurses - Director of School and/or Associate Director of Nursing Education ... 15					
16. Teaching (clinical and classroom instructors) 16					
17. Nursing Students - in third year of three year course 17			XXXXX		*
18. all other Nursing Students (excluding Interns - See line 10 above) 18			XXXXX		*
19. Student Nursing Assistants (in courses, leading to certification, licensing or registration) 19			XXXXX		*
20. Student Child-care Nurses 20			XXXXX		*
21. Other Staff assigned to Nursing Education 21			XXXXX		
TOTAL (cols. 1, 2, 4, 5 agree with page 11, line 2, cols. 1, 2, 3, 4 respectively) 22					
23. TOTAL FOR NURSING DEPARTMENT (Sum of lines 14 plus 22) 23					



1971 ANNUAL RETURN OF HOSPITALS — FORM HS-1 — FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(14)

PAID MEDICAL STAFF (excluding Interns and Residents)

Enter number providing paid services to the hospital as at Dec. 31:

		Paid Medical Staff as at Dec. 31	
		Full-time 3	Part-time 4
1. Psychiatrists	01		
2. Pathologists	02		
3. Other Medical Staff in Laboratory	03		
4. Cardiologists	04		
5. Radiologists	05		
6. Other Medical Staff in Radiology Department	06		
7. Physiatrists (Specialists in Physical Medicine)	07		
8. Chief of Medical Staff and Heads of Services	08		
9. Medical Education	09		
10. Medical Director and/or Assistant Director (Medical)	10		
11. Other Paid Medical Staff	11		
12. TOTAL	12		

OTHER SELECTED PROFESSIONAL AND TECHNICAL CATEGORIES

Report only qualified personnel as defined in the Instructions:

		Persons employed as at Dec. 31		Staff separations during year from full-time employment	Total accumulated paid hours during year
		Full-time 1	Part-time 2		
13. Psychologists	13				
14. Pharmacists	14				
15. Physiotherapists	15				
16. Occupational Therapists	16				
17. Speech Therapists	17				
18. Audiologists	18				
19. Social Workers	19				
20. Medical Record Librarians	20				
21. Medical Record Technicians	21				
22. Dietitians	22				

1971 ANNUAL RETURN OF HOSPITALS - FORM HS-1 - FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(15)

LABORATORY PERSONNEL

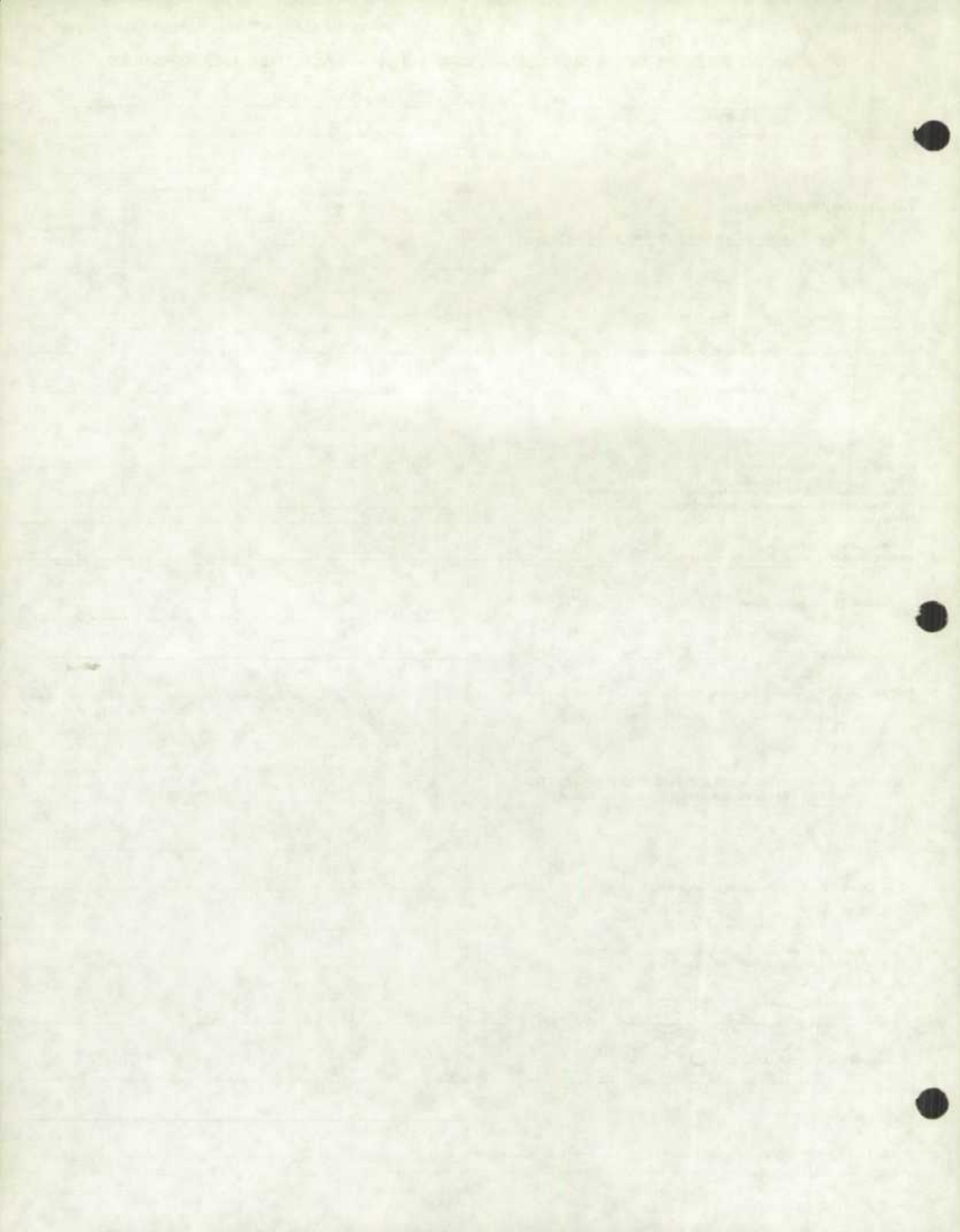
(excluding Paid Medical Staff, Interns, Residents and Students)

		Persons employed as at Dec. 31		Separations during the year from full-time employment	Total accumulated paid hours during year
		Full-time	Part-time		
		1	2	3	4
1.	Non-medical specialist staff (Hon. BSc., MSc., PhD., etc.).....	01			
2.	Technologists - C.S.L.T. - Registered (or eligible for Reg.).....	02			
3.	- Advanced R.T.	03			
4.	- Licentiate	04			
5.	- Non-registered	05			
6.	Persons who are Combined Laboratory and Radiology Technicians (include here paid hours for Laboratory work only)	06			
7.	Other technical staff (specify):	07			
	Graduate nurses (specify duties):	08			
9.	Other Laboratory staff	09			
10.	TOTAL (cols. 1, 2, 3, 4 agree with page 10, line 6, cols. 1, 2, 3, 4 respectively)	10			

RADIOLOGY PERSONNEL - DIAGNOSTIC AND THERAPEUTIC

(excluding Paid Medical Staff, Interns, Residents and Students)

			Persons employed as at Dec. 31		Separations during the year from full-time employment	Total accumulated paid hours during year
			Full-time	Part-time		
			1	2	3	4
11.	Non-medical specialist staff (physicist, etc.).....	11				
12.	Technicians - C.S.R.T. - Registered (or eligible for Reg.).....	12				
13.	- Non-registered	13				
14.	Persons who are Combined Laboratory and Radiology Technicians (include here paid hours for Radiology work only)	14				
15.	Other technical staff (specify):	15				
16.	Graduate nurses (specify duties):	16				
17.	Other Radiology staff	17				
18.	TOTAL (cols. 1, 2, 3, 4 agree with page 10, lines 11, 12, cols. 1, 2, 3, 4 respectively)	18				



EDUCATIONAL FACILITIES

UNDERGRADUATE PROGRAMS

(16)

If your hospital operates a school which provides both classroom and clinical facilities for a provincially-recognized course to train persons in any of the following categories, complete items 1 to 20. Do not include here affiliates-in for part of a training program operated by others.

FORM HS-1 P. 16 OF 18

EDUCATIONAL FACILITIES (continued)

Name of hospital

City, town, etc.

(17)

EDUCATIONAL FACILITIES (continued)

If your hospital provides any facilities for **part** of a course for undergraduates complete items 3 to 4.

- | | | |
|----|---|----|
| 1. | Length of course (in weeks) given in your hospital..... | 01 |
| 2. | Total number of students attending during year | 02 |
| 3. | Average monthly value of stipends paid to each student by your hospital. If nil please so state | 03 |
| 4. | Average monthly value per student of perquisites, if any are provided in addition to stipends. If nil please so state | 04 |

Nursing Students				Other Students		
Obstetric	Paediatric	Psychiatric	Other	Nursing Assistants	Laboratory Technologists	Radiology Technicians
3	4	5	6	7	8	9

If your hospital sponsors and provides financial support for undergraduate training of students taking a course elsewhere complete items 5 to 8.

- | | | |
|----|--|----|
| 5. | Length of course (in months) taken elsewhere | 05 |
| 6. | Number of students sponsored in these courses
during the year | 04 |
| | Additional training (in months) provided in your
hospital. If nil please so state | 07 |
| 8. | Average monthly value of support paid by your
hospital for each student | 08 |

Students					Other students (specify)	
Nursing Assistants	Laboratory Technologists	Radiology Technologists	Medical Record Librarians	Physiotherapists		
3	4	5	6	7	8	9

9. Does your hospital have the formal approval of the Canadian Medical Association as a "parent" hospital for the training of junior interns? 09 ☐ Yes ☐ No If yes, for how many positions 09 _____

10. If not does your hospital, by arrangement with another hospital, provide for the supplemental training of junior interns? 10 ☐ Yes ☐ No If yes, for how many positions 10 _____

11. Is your hospital approved by the Royal College of Physicians and Surgeons of Canada for residencies in specialties? 11 ☐ Yes ☐ No If yes, for how many positions 11 _____

12. Does your hospital have formal affiliation with a university for the training of under-graduate medical students? 12 ☐ Yes ☐ No

			Number		Total accumulated paid hours during year
			In training during year	On staff Dec. 31	
			1	2	3
13.	Junior Interns (Medical)	13			
	Senior Interns (Medical)	14			
15.	Residents in Medical Specialties	15			
16.	Total	16			
17. Administrative Residents					
18. Dietetic Interns					
19. Physiotherapy Interns					
20. Occupational Therapy Interns					
Other (specify):					
21.					
22.					

1971 ANNUAL RETURN OF HOSPITALS - FORM HS-1 - FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(18)

EDUCATIONAL FACILITIES (continued)

DISTRIBUTION OF ACCUMULATED PAID HOURS
FOR NURSING EDUCATION

This distribution, is to reflect accurately
the actual rotation of students to the various
services or departments.

Accumulated paid hours during the year

		Nursing Students (excl. Nurse Interns)	Student Nursing Assistants	Student Child-care Nurses	Total
		1	2	3	4
1. Nursing Administration	01		XXXXXX	XXXXXX	
Nursing Units - Adults and Children					
2. - Short-term Units	02				
3. - Long-term Units	03				
4. Newborn Nursery	04				
5. Delivery Room	05				
6. Operating Room	06				
7. Emergency	07				
8. Central Supply Room	08				
9. Inhalation Therapy	09				
10. Intravenous Therapy	10				
11. Organized Out-patient Department	11				
12. Special Clinics	12				
13. Laboratory	13				
14. Radiology	14				
15. Pharmacy	15				
16. Other Services (specify):	16				
17.	17				
18.	18				
19. TOTAL (excluding classroom hours)	19				
		agrees with page 13, lines 17 & 18, col. 5	agrees with page 13, line 19, col. 5	agrees with page 13, line 20, col. 5	
20. Classroom hours of students	20	1	2	3	4
21. TOTAL (including classroom hours) lines 19 + 20	21				

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