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1975
INSTRUCTIONS AND DEFINITIONS
FOR THE
ANNUAL RETURN OF HOSPITALS

FORM HS-1

FACILITIES AND SERVICES

FOREWORD

The Annual Returns of Hospitals, Form HS-1 - Facilities and Services, and Form HS-2 - Financial, provide basic information of value to hospitals and provincial hospital authorities. They also serve the specific purposes of the two national agencies, Statistics Canada and Health and Welfare Canada. This booklet of Instructions and Definitions is to be used as a guide by Canadian hospitals in completing the Annual Return of Hospitals, Form HS-1 - Facilities and Services. A companion booklet is also available as a guide for the completion of the Annual Return of Hospitals, Form HS-2 - Financial Return.

For purposes of these returns a hospital is defined as an institution where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services, and which is licensed or approved as a hospital by the federal and/or a provincial government.

The Annual Returns of Hospitals, Forms HS-1 and HS-2, under the Statistics Act, (Section 21), are to be completed by all public, proprietary, and federal hospitals in Canada, regardless of the hospital's status under the federal-provincial hospital insurance program.

The Annual Returns of Hospitals, Forms HS-1 and HS-2, in accordance with Regulation 11, of the Hospital Insurance and Diagnostic Services Act, are to be completed by every hospital which is listed in a schedule to a federal-provincial hospital insurance agreement. Where floors, wings or other segments of an institution are listed as a hospital in Part 1 of Schedule A to an agreement under the Hospital Insurance and Diagnostic Services Act, it is necessary that separate Forms HS-1 and HS-2 be submitted for the whole institution and also for the portion listed as a hospital.

GENERAL INSTRUCTIONS

1. Specific sections of the form have been marked as optional for certain hospitals. Provincial Authorities will designate the hospitals which are in this category.
2. Constant reference should be made to the Instructions and Definitions contained in this manual. Accurate completion of all the items will depend primarily upon the maintenance of good statistical and accounting records by each hospital.
3. The Canadian Hospital Association has prepared the Canadian Hospital Accounting Manual (3rd edition) which contains a model chart of accounts, specimen accounting forms and records as well as explanatory text. The use of this system is strongly recommended and will facilitate the completion of the Returns. Note that the Form HS-2 shows for each item the account number(s) used in the Chart of Accounts outlined in the third edition of the Canadian Hospital Accounting Manual.
4. Hospitals should realize that the Forms HS-1 and HS-2 are closely inter-related. The HS-1 contains details of activities, staffing and paid hours of departments whose finances are reflected in the HS-2 in the form of salaries and wages, supplies and purchased services. Hospitals are strongly advised to keep these relationships in view when designing their record systems and when completing the returns.
5. To assist hospitals in the preparation of the returns exact facsimile worksheets are provided. Hospitals should make use of these worksheets in preparing the material before typing the six-part carbon-interleaved pages. The worksheet set should be retained for reference purposes.
6. DO NOT use lines specifically designated for one item for any other item. For items not specified on the form USE lines designated as "OTHER" and provide supplementary information.
7. The final forms for the Annual Returns of Hospitals are provided in carbon interleaved sets of six copies. These sets should be completed by typewriter in order to ensure maximum legibility on all copies. Care must be taken to avoid unnecessary marking or disfigurement. In the event of an error make corrections by striking out the error and type in the correct information in the same entry space.
8. The first five copies of the completed returns duly certified by the hospital authority, and in the case of the HS-2 — by the auditor, should be forwarded to the provincial hospital authorities, with the hospital retaining the sixth copy.

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INSTRUCTIONS AND DEFINITIONS FOR THE

ANNUAL RETURN OF HOSPITALS

FORM HS-1 - FACILITIES AND SERVICES

(PAGE 1 OF THE FACILITIES AND SERVICES RETURN)

YEAR

Note that the report is for the calendar year ended 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 rated bed capacities and beds set-up through the opening or closing of In-patient Units;
- (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 proprietary hospital, or as a federal hospital.

1. Public (incl. Voluntary, Provincial and Municipal) - applies to a hospital recognized by the province as a "public hospital". Such a hospital generally is not operated for profit.
2. Proprietary - applies to a hospital owned by an individual or by a private organization, operated for a profit and recognized by the province as a "proprietary hospital".
3. Federal - applies to a hospital owned by a department or agency of the Government of Canada and operated on a non-profit basis.

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 primarily for the diagnosis and short-term treatment of patients for a wide range of diseases or injuries. The services of a general hospital are not restricted to a specific age-group or sex.

Specialty - applies to a hospital which provides primarily for the diagnosis and short-term treatment of patients for a limited range of diseases or injuries, or a broad range of services to a specific age-group or sex.

6. Pediatric - applies to a hospital which provides for the diagnosis and short-term treatment of pediatric patients, generally 14 years of age and under.
7. Other - applies to cancer hospital, cardiology hospital or institute, institute of psychiatry, maternity hospital, neurological institute, and orthopedic hospital.
8. Rehabilitation (incl. Convalescent) - applies to a hospital which provides primarily for the continuing assessment and treatment of patients whose condition is expected to improve significantly through the provision of physical medicine and other rehabilitative services.

9. Extended Care (incl. Chronic) - applies to a hospital which provides primarily for the continuing treatment of patients with long-term illness or with a low potential for recovery and who require regular medical assessment and continuing nursing care.
10. Other - applies to Nursing Stations, Outpost Hospitals, and only those 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.

Voluntary - applies to a hospital owned and/or operated by a non-governmental organization, a religious group and operated on a non-profit basis.

1. Lay corporation - applies to a voluntary hospital owned and/or operated by a voluntary lay body. 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.
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. Municipal (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 - applies to a hospital owned and/or operated by a branch, division, agency or department of a provincial government of a territorial government, or by a provincially-controlled institution such as a university.

6. Federal - applies to a hospital owned and/or operated by a department or agency of the Government of Canada and operated on a non-profit basis. Operation will generally be by one of the departments or agencies, e.g. Veterans Affairs, Health and Welfare, Canada, National Defence or Atomic Energy of Canada.
- 7-8. Other - applies to any hospital whose ownership or operation is not included in the foregoing, e.g. 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, etc.
9. Proprietary - applies to a hospital owned and/or operated by an individual or by a private organization and operated for a profit.

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 the following definition applies:

In-patient Unit - is a unit containing in-patient beds and in which hospital and medical personnel provide diagnostic and therapeutic services to in-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 Bed - is a bed set up by the hospital for the accommodation of an in-patient.

In-patient - is a person who has been admitted to a hospital for medical and hospital services and who has been assigned an in-patient bed, or bassinets. 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 approved 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, as specified below, established for purposes of hospital construction are to be used. 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 calculation 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 in the following areas should be excluded from the Rated Bed Capacity:

- (1) Labour or caseroom beds;
- (2) Beds in diagnostic or treatment areas designed for patient rest immediately after receiving service;
- (3) Beds in out-patient and emergency units;
- (4) Beds in employee quarters including those used for sick staff;
- (5) Post-anaesthesia recovery beds;
- (6) Beds in Day and/or Night Care Units.

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 units; |
| (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 use. |
| (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. | (8) Beds in Day and/or Night Care Units. |

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 10 to 12 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 in-patient 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 - are those in-patient units designated for medical and general non-surgical patient care.
11. Surgical - are those in-patient 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 (undistributed) on line 12.

13. Intensive Care - is an in-patient unit specifically designed, staffed and equipped for the continuous observation and treatment of critically ill patients, including burn care and coronary care units.
18. Other short-term - where in-patient units cannot be designated clearly under the foregoing categories enter the data on this line, specifying the type of unit. Include here the in-patient Renal Dialysis Unit.

Long-term Units - Adults and Children - are those in-patient units provided for patients who at the time of admission require regular medical assessment, treatment services and continuing nursing care.

20. Rehabilitation (incl. Convalescent) - refers to in-patient units designated primarily for the continuing assessment and treatment of patients whose condition is expected to improve significantly through the provision of physical medicine and other rehabilitative services.

21. Extended Care (incl. Chronic) - refers to in-patient units designated primarily for the continuing treatment of patients with long-term illness or with a low potential for recovery and who require regular medical assessment and continuing nursing care.
22. Other long-term - where in-patient 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 in-patient 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.

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 13 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 on page 12 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 on page 15 it will be seen that the days to be included in this count are as follows:

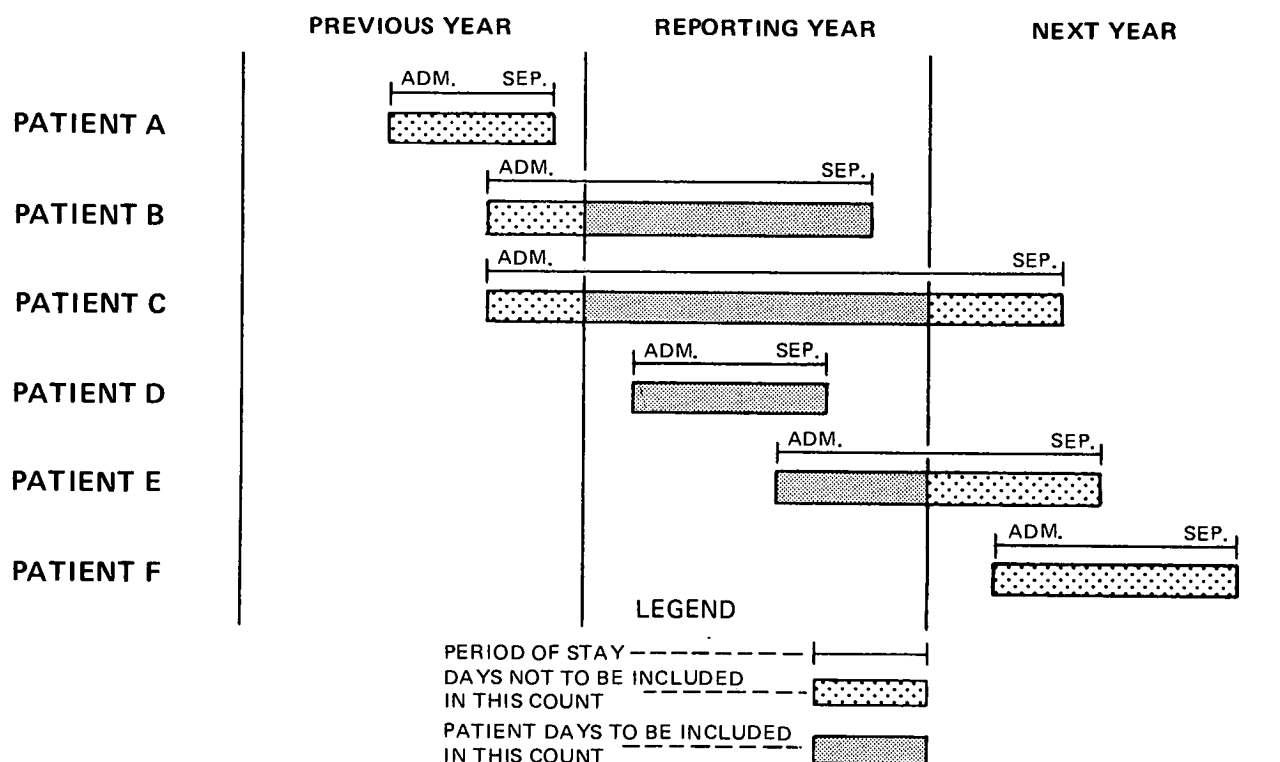
- Patient A - no days are counted, because the patient was not separated in the reporting year;
- Patient B - total patient-days from admission to separation are counted, because the separation occurred in the reporting year;
- Patient C - no days are counted, because the patient was not separated in 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 exception it is unlikely that these two counts will coincide.

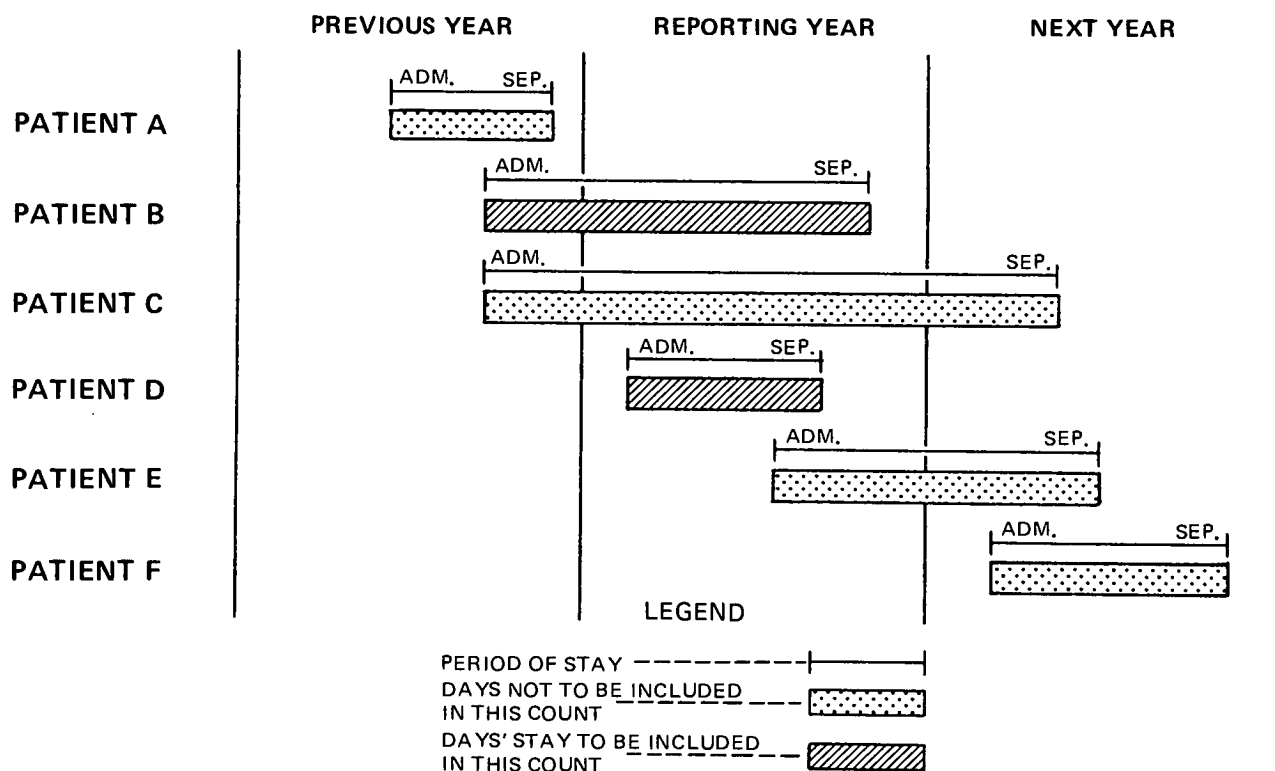
BASSINETS AND PATIENT-DAYS FOR NEWBORN

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

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



DAYS STAY (FROM DATE OF ADMISSION) OF PATIENTS SEPARATED 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 in-patient units 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 Health and Welfare, Canada, 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 Health 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 may require, under provincial regulations, formal admission procedures to the one unit and discharge from the other).

In hospitals which do not have recognized units for providing different levels of care report the data relating to the movement of patients under whichever is the dominant level of care provided 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. In-patient Admission - is the official acceptance into a hospital of a patient (including an infant born alive in the hospital) who requires medical and hospital services including room and board. 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.

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

LABORATORY

It is essential that hospitals report in this section only standard laboratory 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 Canadian Schedule of Unit Values for Clinical Laboratory Procedures developed and periodically up-dated by the Canadian Association of Pathologists and 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, details 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 for medical and hospital services and to whom in-patient beds or bassinets have been assigned. This category excludes stillbirths, as well as patients attending a day or night centre.

Out-patients — these are patients who have been formally accepted by a hospital and who receive diagnostic and therapeutic services without being admitted as in-patients. This category includes private out-patients as well as patients attending a day or night centre. For purposes of pages 4, 5 and 6 of the Facilities and Services Return, do not include staff members or students who are receiving services provided by the hospital's employee 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 employee health program(1).
- (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.

- (1) Employees receiving services not related to the hospital's employee health program are to be classified as patients of the hospital.

- (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 services (E.C.G., E.E.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 current edition of the "Canadian Schedule of Unit Values for Clinical Laboratory Procedures".)

Services provided by either Laboratory, Radiology, or a separate Organizational Unit

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 Organizational Unit carrying out 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 current edition of the "Canadian 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 by other organizational units of the reporting hospital.

(PAGE 6 OF THE FACILITIES AND SERVICES RETURN)

RADIOLOGY

Diagnostic - 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 staff whether the patient is in attendance at the radiology unit, 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 unit (lines 7 or 8 only).

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

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

test for tuberculosis. Examinations made on miniature films or other types of film should be reported here.

2. All other chest X-ray examinations — chest film examinations other than for screening test for tuberculosis.
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 cineradiographic techniques are employed.
4. Cineradiographic examinations — X-ray examinations during which cineradiographic techniques are brought into use irrespective of what other procedures are also employed. Do not include these procedures in any other count of examinations.

Other X-ray film examinations (excl. chest) — include here all other X-ray examinations by means of film alone. Include dental examinations here only when performed by the radiology unit.

7. Diagnostic Services performed by Radiology — when services performed by the Diagnostic Radiology staff have been reported on page 5, lines 13 to 17, 19 and 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 — for the reporting of therapeutic radiology 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 Radiology Unit. 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. Therapeutic Services performed by Radiology — when services performed by the Therapeutic Radiology staff have been reported on page 5, lines 18 to 20 then the total of these services will be reported on page 6, line 16.
17. Nuclear Medicine — 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 known or suspected poisoning (incl. food poisoning) regardless of where treated in the hospital (telephone advice excluded). Route of poisoning can be by ingestion, inhalation, contact, or injection.

SURGICAL SUITE AND EMERGENCY UNIT

11-12. Report the number of visits to the Surgical Suite 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 Surgical Suite will also be included in the number of visits under "Surgical Suite and Emergency Unit".

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)

AUTOPSIES

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

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, 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(1) Each patient should be counted only once for an attendance even though he may

- (a) attend Physical Medicine and Rehabilitation more than once a day;
- (b) be treated on the in-patient unit more than once a day;
- (c) be treated during a day in several areas of Physical Medicine and Rehabilitation 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 Physical Medicine and Rehabilitation and on the in-patient 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".

(1) Note: Number of patient attendances should be counted for each service, (Physiotherapy, Occup. Ther., and Speech Ther.) separately.

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

DIETETICS

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.

Non-patient (incl. Staff) and Out-patient Meal-days

The following definitions will be used to determine the number of meal-days in these categories:

1. Out-patients — the number of meal-days to be calculated on the basis of the recorded number of regular meals served to out-patients and for which no charge is made, e.g. diabetic day care, psychiatric day care, etc. Three meals to be considered the equivalent of one meal-day.
2. Non-patient — includes meals served to staff and others (visitors etc.) and also any food for which no revenue is received.

To calculate non-patient meal-days

The following formula should be used:

$$\frac{\text{Actual Cash Revenue From Food Sales \$} + \text{Total Calculated Selling Price of Food for which no Revenue is Received}}{\text{Selling price per meal-day}}$$

A meal-day consists of breakfast, lunch, dinner and coffee break(s).

Cash Revenue — includes revenue from cafeteria sales, meal tickets, and any other recoveries received for food.

Selling Price per Meal-day — to calculate total value of a non-patient meal-day each hospital should apply its average cafeteria selling price to the meal-day pattern established below. Where a divergence of selling prices within any group of menu items — i.e. entrées exists a weighted average of the selling price should be used. Where an à la carte menu does not exist the pricing is done according to the pre-set charge for the meals plus breaks. In cases where the three meals are not served, a calculated price should be included to establish the selling price per meal-day according to the meal-day pattern.

Total Calculated Selling Price of Food for which no Revenue is Received - to determine the sales value of food for which no revenue is received apply actual cafeteria selling prices.

Meal-day Pattern for Non-patient (staff and others):

<u>Breakfast</u>	<u>Lunch or Supper</u>	<u>Dinner</u>
Juice	Soup	Juice
Egg	Casserole or Sandwich	Meat (main entrée)
Toast, butter, jam	Side Salad	Potato
Beverage	Dessert	Vegetable
(Tea, coffee & milk)	Beverage	Dessert
		Beverage

plus usual coffee break(s)

3. Supplied to other institutions - include the total count of patient meal-days provided to any other hospital, institution or group outside the hospital proper. Where food is supplied for sale outside, the meal-days are to be included in the formula used for calculating non-patient meal-days.

LAUNDRY

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)

Ambulatory Care Units (incl. General and Special Clinics, lines 1 to 22, columns 1 and 2) - the hospital is to record separately those services rendered through the General and Special Clinics which are specifically designed, staffed and equipped to provide diagnostic and therapeutic services primarily to out-patients.

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.

Out-patient Day and/or Night Care Programs (lines 1 to 10, columns 5 and 6) - the hospital is to record separately those services rendered through the Day and/or Night Care Programs which are specifically designed, staffed and equipped for the care of patients who attend for a prescribed number of hours of the day or night.

Surgical Day Care (line 11, column 6) - the hospital is to record here the number of visits of Surgical Day Care patients.

For purposes of this report the following definition applies:

Surgical Day care is a recognized, organized out-patient program. A surgical day care patient is one who is not admitted as an in-patient to an in-patient bed, and on whom is performed an elective surgical or endoscopic procedure under a local or general anaesthetic and who is released on the same day.

The procedures performed on surgical day care patients will also be recorded as out-patient visits in the appropriate counts of Surgical Suite and Emergency Unit activities (see page 7 of the HS-1 Form).

Note: On line 24 the hospital is to record separately the number of visits to the Organized Out-patient Department, which are also included in line 23, columns 1 and 2.

(PAGE 10 OF THE FACILITIES AND SERVICES RETURN)

TOTAL PERSONNEL DATA BY DIVISION, DEPARTMENT OR SECTION

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

The information to be reported on page 10, line 1 relates directly to Nursing 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 Nursing.

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

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

Diagnostic and Therapeutic (Special Services)

This part of the Return deals with the various 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 which, for purposes of this report, will be considered as "Diagnostic and Therapeutic" (Special Service) are as defined below:

2. Organized Out-patient Department — if organized as a separate entity and recognized as such by the Provincial Plan, providing special clinical facilities for medical diagnosis and treatment of out-patients. Some services may also be provided to in-patients.
- 3-5. Ambulatory Care Units (incl. General and Special Clinics) — units specifically designed, staffed, and equipped to provide diagnostic and therapeutic services primarily to out patients.

Note: Hospitals are to report separately for Psychiatric Clinic (excl. Psychiatric Day and/or Night Care Programs) and Tuberculosis Clinic. All other Ambulatory Care Units (excl. Emergency Unit) should be reported on line 5.

6. Laboratory — the unit specifically designed staffed and equipped for performing laboratory investigative procedures through detailed analysis, assay and examinations of specimens. This may include microbiology, hematology, histopathology (incl. autopsy), cytopathology, blood bank and morgue. Electrocardiography and electroencephalography, medical illustration and nuclear medicine, are also sometimes a part of the Laboratory. (See also definitions relating to E.C.G., E.E.G. and nuclear medicine which follow.)
7. Electrocardiography (E.C.G./E.K.G.) — the unit specifically designed, staffed and equipped to measure and record electrical impulses of the heart for the evaluation of heart function. Where this service is not provided by a separate organizational unit no attempt should be made to segregate the personnel data.

8. Electroencephalography (E.E.G.) - the unit specifically designed, staffed and equipped to measure and record electrical impulses of the brain for the evaluation of brain function. Where this service is not provided by a separate organizational unit no attempt should be made to segregate the personnel data.
9. Nuclear Medicine - the unit specifically designed, staffed and equipped for the control and use of radioactive elements for diagnostic and/or therapeutic purposes. No attempt should be made to segregate the personnel data when these services are provided by other units such as Laboratory or Radiology.
10. Pharmacy - the unit responsible for the requisitioning, storage, control, compounding, manufacturing, standardizing, dispensing and distribution of drugs. It is also responsible for providing information on drugs and acting as a reference source for all pharmaceutical matters.

Radiology - the unit specifically designed, staffed and equipped for the use of radiant energy from X-ray equipment and radioactive elements for the diagnostic examination and treatment of patients.

11. Diagnostic - the unit specifically designed, staffed and equipped for the use of radiant energy from X-ray equipment for diagnostic purposes.
12. Therapeutic - the unit specifically designed, staffed and equipped for the use of radiant energy from X-ray equipment and radioactive elements for therapeutic purposes. Therapeutic treatments are sometimes carried out in Diagnostic Radiology. 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 unit responsible for the medical assessment and treatment of disabled patients to improve or maintain their functional capacity by accepted techniques of rehabilitation. For purposes of this report the data for personnel assigned to: Physiotherapy, Occupational Therapy, Prosthetics (incl. Bracemaking), Speech Therapy and Audiology should be reported here, irrespective of whether or not these activities are organized as separate units.
14. Social Work - the unit responsible for assisting patients and their families in dealing with personal, socio-economic and environmental problems which influence the patient's condition.
15. Ambulance - (excluding Motor Transportation) - the unit responsible for the operation of motor vehicles which are specifically designed, staffed and equipped for the transportation of persons requiring medical attention.

This includes bringing 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 Transportation which should be reported on page 11 of the Return.

16. Out-patient Day and/or Night Care Programs - a unit specifically designed, staffed and equipped for the care of other than in-patients who attend for a prescribed number of hours of the day or night.

17. Special Research — report here the personnel data for staff involved in formally organized research undertaken by the hospital.
18. Respiratory Therapy — the unit responsible for the administration of various gases and aerosols in the treatment of respiratory conditions of patients and for the maintenance and repair of respiratory therapy and associated equipment.
- 19-20. Other — specify the nature and report separately the personnel data for each Diagnostic Therapeutic 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.

(PAGE 11 OF THE FACILITIES AND SERVICES RETURN)

Educational Programs

Formal Educational Programs — are organized programs which are operated by hospitals or provided through affiliation, for the education of hospital, medical and other related personnel, and which lead to a university degree or to statutory (provincial or national) certification, registration or licensing.

This section deals with the personnel data for the hospital's formally organized educational programs in the health field. This excludes educational programs for patients which are to be specified and reported under Administrative and Supportive (General Services) (see "Other", page 30 of this manual). It also excludes those programs which can be classified as "Staff Educational Programs" (see item 5-8 on page 31 of this manual).

Do not include in this section data for personnel while affiliated-out. Include data for persons affiliated-in whether or not 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 clinical clerks, medical interns and residents. Note that accumulated paid hours are not to be reported in column 4 for Clinical Clerks, 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 33 of this manual.

3. Medical Laboratory Technologists Education — report here the personnel data for staff and students involved in formal educational programs leading to registration for medical laboratory technologists.

Include here pertinent data for instructors and other school staff and students engaged in the formal educational program. Where there is a regional medical 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. Radiological Technicians Education — report here the personnel data for staff and students involved in formal educational programs leading to registration for radiological technicians.

Include here relevant data for instructors and other school staff and students engaged in the formal educational program. Where there is a regional radiological technician 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 Formal Educational Programs (specify) — under this category specify the nature, and report separately, the personnel data for each of any other formally organized educational programs excluding those which can be classified as "Staff Training" (see item 10 below).

ADMINISTRATIVE AND SUPPORTIVE (GENERAL SERVICES)

This section of the report deals with personnel data which may logically be grouped and reported under Administrative and Supportive (General 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(1) providing administrative direction and for carrying out business office, fiscal and personnel functions of the hospital. These functions include: Admitting, Employee Health, Finance, Hospital Administration, Hospital Auxiliary, Information, Personnel, Printing and Duplicating, Public Relations, Purchasing, Staff Educational Programs(2), Stores, Switchboard, Systems Engineering, Volunteer, and Patients Library.

(1) For purposes of this report include here the position of Medical Director or Assistant Administrator (Medical).

(2) Personnel data to be included here is that for Instructors or Co-ordinators of Staff Educational Programs. The personnel data for employees participating in such programs will be included in the unit where they work.

11. Medical Records and Hospital Library

Medical Records – the unit responsible for the collection, completeness, assembly, availability, technical and statistical analysis, and safekeeping of patients' medical records in order to facilitate the evaluation and improvement of patient care and to serve for educational, research and legal purposes.

Hospital Library – the unit responsible for the cataloguing, availability, safekeeping and control of the hospital's collection of educational materials, including books, periodicals and tapes.

For purposes of this report the data for both units should be shown on line 11.

12. Dietetics – the unit responsible for the requisitioning, storage, preparation and distribution of food to meet the normal and therapeutic nutritional needs of patients and for other food services provided by the hospital. This will include the operation of a pay cafeteria.
13. Laundry – the unit responsible for processing soiled linen and which assists in providing an adequate and sanitary supply of linen for the use of patients and staff.
14. Linen – the unit responsible for receiving, repairing, storing, distributing, controlling and supplying clean linen and wearing apparel as required by the hospital.
15. Housekeeping – unit responsible for maintaining the cleanliness of hospital buildings and residences, and for assisting in maintaining a sanitary environment therein.
16. Motor Transportation (excluding Ambulance) – the unit responsible for the operation of motor vehicles used for the transportation of persons, hospital materials, communications, and for the transportation of patients between departments of the hospital or for special services provided outside the hospital.

Physical Plant – is the hospital grounds, buildings and equipment.

17. Plant Operation and Hospital Security – the unit responsible for the provision, distribution and monitoring of water, light, heat, power and other building service systems throughout the physical plant, and for the protection of hospital property, persons and patients.
18. Plant Maintenance – the unit responsible for the servicing, and repairing of the physical plant.
19. Ancillary Operations – report here the personnel data for staff engaged in those activities approved by the Provincial Plan as "Ancillary Operations" such as farm, barber shop, gift shop or florist shop, parking garage or lot, etc.
20. Other (specify) – report here any other Administrative and Supportive (General Services) not provided for above and please specify the nature of the service. Include here personnel data for hospital-paid teachers employed in patient education.

(PAGE 12 OF THE FACILITIES AND SERVICES RETURN)

DISTRIBUTION OF ACCUMULATED PAID HOURS OF STAFF EMPLOYED BY NURSING DEPARTMENT
(Excluding Nursing Education)

NURSING

This section provides for a breakdown to the various Nursing Departments of the paid hours accumulated during the year for personnel employed in the nursing departments, 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 nursing departments, for the purpose of completing this section, 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 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 Administrator 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. In-patient Units — Adults and Children — the staff concerned with the provision of direct nursing care to patients on in-patient units, including nursing supervisors (head nurses) assigned to these 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 in-patient units 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 Nursery and Obstetrical Suite data are to be reported separately.

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

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

4. Nursery — refers to nursing staff concerned with direct nursing care of newborn infants including those in immature and suspect nurseries. Exclude staff involved in Obstetrical Suite (incl. Labour and Delivery Rooms).

5. Obstetrical Suite (incl. Labour and Delivery Rooms) -- the staff who are assigned to the unit specifically designed, staffed and equipped for the observation, preparation, care and delivery of parturient women. Includes staff of the delivery room(s) and labour room(s) of the hospital, but excludes staff for the nursery.
6. Surgical Suite (incl. Post-op. Recovery Room) -- the staff who are assigned to the unit (other than an emergency unit) designed, staffed and equipped for the performance of surgical procedures and for the continuous observation and care of patients during the immediate post-operative or post-anesthesia period. Includes the staff of auxiliary rooms such as fracture rooms and cystoscopy rooms.
7. Emergency -- the staff who are assigned to the unit specifically designed and equipped for the assessment, diagnosis and treatment of patients primarily with emergency conditions.
8. Central Supply -- the staff who are assigned to the unit responsible for storing, controlling, sterilizing, assembling and distributing of medical and surgical supplies and equipment.
10. Intravenous Therapy -- the unit, if organized as a separate entity, responsible for the administration of intravenous solutions to patients in accordance with hospital policy. Blood transfusion services may be a part of the services of this unit.

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 Departments of Sections Staffed by Nursing Dept.

- 13-15. Organized Out-patient Department, Psychiatric Clinic (excl. Day and/or Night Care Programs and All Other General and Special Clinics) -- 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) -- report here the accumulated paid hours of any nursing department personnel who are performing duties in departments not included in preceding categories.

(PAGE 13 OF THE FACILITIES AND SERVICES RETURN)

ALL NURSING DEPARTMENT STAFF BY CATEGORY

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.

Registered Nurses — persons authorized to practice nursing as registered nurses according to appropriate provincial legislation.

Graduate Nurses — persons who have graduated from a recognized formal nursing educational program but who have not qualified as registered nurses according to appropriate provincial legislation.

1. Director — a graduate nurse who is responsible for administering the total nursing program of the hospital. Where the Director is also the 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. 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. Supervisors 2 — graduate nurse(s) who are responsible for the supervision of two or more in-patient units or one or more special units, within the nursing department, such as obstetrical units, surgical suites, etc., or evening and night supervision of the nursing service as a whole. Include here the category of Assistant Supervisor.
4. Supervisors 1 (Head Nurses) — graduate nurse(s) who are responsible for the nursing care of patients, unit administration and supervision of nursing staff in one unit of the hospital.
5. Assistant Head Nurses — graduate nurse(s) who are responsible for assisting the head nurse in the administration and supervision of a unit.
6. Other Graduate Nurses — refers to graduate nursing personnel below the level of Assistant Head Nurse who carry out general staff duties on an in-patient unit, or who are assigned to special nursing service areas, such as surgical suite, 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. Nursing Assistants (Qualified) – persons authorized to function as nursing assistants according to appropriate provincial legislation. Registered nursing assistants and licenced practical nurses would be included in this group.
9. Orderlies – male nursing staff who are specifically trained to perform assigned technical and routine nursing duties in the care of patients.
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. Clerks – includes staff assigned to clerical duties in the in-patient units and other nursing service areas.
13. Others – all other nursing department personnel not entered elsewhere, including secretarial staff attached to Nursing Administration, 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 education 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) student residence supervisors; (f) students of the school of nursing; (g) other trainee nursing personnel whose courses lead to provincial certification, licensing or registration.

The number of full-time persons as at December 31 (col. 1) should include nursing students and/or student 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. Director of School and/or Assistant Director of Nursing Education – refers to the senior registered or graduate nurse and her assistant director (if any), who are responsible for the administration of the program(s) in nursing education.
16. Instructors (clinical and classroom) – refers to all registered or graduate nurses whose function it is to instruct and train nursing students, student nursing assistants and student 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 others who are assigned to nursing education.

(PAGE 14 OF THE FACILITIES AND SERVICES RETURN)

PAID MEDICAL STAFF (excluding Interns, Residents and Clinical Clerks)

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 Physi-
atrists - 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 Quebec College of Physicians and Surgeons.
- 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.

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.

SELECTED ALLIED HEALTH PERSONNEL

13. Psychologists - refers to persons qualified to practice as psychologists by having graduated from a recognized university with a postgraduate degree in psychology or by meeting appropriate provincial standards.
14. Pharmacists - refers to persons authorized to practice as pharmacists under the appropriate provincial legislation.
15. Physiotherapists - refers to persons qualified to practice as physiotherapists by meeting the requirements of the Canadian Physiotherapy Association or equivalent standards.
16. Occupational Therapists - refers to persons qualified to practice as occupational therapists by meeting the requirements of the Canadian Association of Occupational Therapists or equivalent standards.
17. Speech Therapists - refers to persons qualified to practice as speech therapists and who have graduated from courses in speech therapy or speech pathology from a recognized university or who have equivalent qualifications.
18. Audiologists - refers to persons authorized to practice as audiologists, who have graduated from courses in audiology from a recognized university, or who have equivalent qualifications.
19. Social Workers - refers to persons qualified to practice as social workers by meeting the requirements of the Canadian Association of Social Workers or equivalent standards.
20. Medical Record Librarians - refers to persons qualified to function as medical record librarians by meeting the requirements of the Canadian Association of Medical Record Librarians or equivalent standards.
21. Medical Record Technicians - refers to persons qualified to function as medical record technicians by meeting the requirements of the Canadian Association of Medical Record Librarians or equivalent standards.
22. Dietitians - refers to persons authorized to practice as dietitians by meeting the requirements of the Canadian Dietetic Association or equivalent standards.

(PAGE 15 OF THE FACILITIES AND SERVICES RETURN)

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

1. Medical Laboratory Scientists (B.Sc., M.Sc., Ph.D.) - refers to persons qualified to practice as a medical laboratory scientists by having graduated from a recognized university with a degree majoring in an appropriate laboratory discipline.

Applies to: Biochemists, immunologists, microbiologists, mycologists, parasitologists, physicists, serologists, virologists.

Medical Laboratory Technologists - refers to persons qualified to practice as medical laboratory technologists by meeting the requirements of the Canadian Society of Laboratory Technologists or equivalent standards.

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 - refers to persons qualified to function as combined laboratory and radiological technicians by having completed a formal course in laboratory and radiological procedures, but who do not qualify for registration in either discipline.
7. Other Technical Staff - include persons who are trained at a level below that required for registration as medical laboratory technologists and who perform specific and assigned technical duties in the laboratory (e.g. laboratory assistants, E.C.G. and E.E.G. technicians or any other such technical personnel who are a part of the Laboratory Personnel).
9. Other laboratory staff - include other employees of the department such as glassware washers, aids, morgue attendants, messengers, clerical and stenographic staff.

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

11. Physicists - refers to persons qualified to practice as physicists by having graduated from a recognized university with a degree in physics.

Radiological Technicians - refers to persons qualified to practice as radiological technicians by meeting the requirements of the Canadian Society of Radiological Technicians or equivalent standards.

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 - refers to persons qualified to function as combined laboratory and radiological technicians by having completed formal courses in laboratory and radiological procedures, but who do not qualify for registration in either discipline.

17. Other Radiology staff — include here other employees of the department such as dark-room staff, messengers, attendants, clerical and stenographic staff.

(PAGES 16, 17 and 18 OF THE FACILITIES AND SERVICES RETURN)

EDUCATIONAL FACILITIES

This section of the reporting form is divided into sub-sections for dealing with five separate aspects of educational facilities:

- (1) Page 16 of Form HS-1 is devoted to data concerning the Under-graduate Educational Programs for which the hospital enrolls its own students and for which the hospital provides all, or a substantial part, of both classroom and clinical training.
- (2) Page 17, lines 1 to 4 is the sub-section dealing with Under-graduate Educational Programs for Affiliates-in from other institutions or vocational schools with whom the undergraduates are enrolled for training.
- (3) Page 17, lines 5 to 8 is concerned with Under-graduate Educational Programs for Extramural Training.

Note — for purposes of reporting as per items 1, 2, and 3 above include in the appropriate sections of the HS-1 Return only those students who are enrolled in courses which lead to certification, licensing or registration.

- (4) Page 17, lines 9 to 22 — Other Educational Programs of the Hospital deals with the training of clinical clerks, interns and residents (lines 13 to 15) and persons such as those listed on lines 17 to 20, and others (lines 21 and 22) enrolled for training such as Pharmacy Interns, Physiotherapy Interns, Respiratory Technologists, etc.

Total accumulated man-weeks during year — with reference to Form HS-1, page 17, lines 13 to 16, column 3, the required accumulated totals are obtained by multiplying the duration, in weeks, of a particular training program in the hospital by the number of Residents, Interns or Clinical Clerks enrolled for each of the programs.

- (5) Distribution of Accumulated Paid Hours for Nursing Education — page 18, lines 1-19 will reflect accurately the actual rotation of nursing students, student nursing assistants and student child-care nurses to the various services and departments excluding classroom hours.

Line 20 — cols. 1 to 3 will show separately the classroom hours for the various categories of students, while column 4 will show the total of classroom hours for all of the students.

1975

ANNUAL RETURN OF HOSPITALS

FORM HS - 1

FACILITIES AND SERVICES

Name of hospital _____

Street and number _____ Postal address _____

City, town, etc. _____ Province _____ Postal code

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CERTIFICATION

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

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

.....
Signature of Hospital Authority.....
Provincial Authority.....
Date Title.....
Date

SUPPLEMENTARY INFORMATION

Special explanatory notes on significant changes during the year, as described in the Instructions and Definitions, Part 1:

(02)

City, town, etc.

TYPE OF HOSPITAL

- ## SERVICE

- OWNERSHIP AND OPERATION (check one only in each column)

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

☐ Provincial

1975 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:

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

PATIENT - DAYS DURING THE YEAR BY RESPONSIBILITY FOR PAYMENT:

		Patient - days	
		Adults & Children	Newborn
		5	6
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	

MOVEMENT OF IN - PATIENTS:

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

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(04)

LABORATORY —Enter Standard Laboratory 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
DONE BY HOSPITAL LABORATORY

(lines 1 to 11 are optional for
certain hospitals - see
Instructions)

	In-patients	Out-patients	Referred-in (incl. Public Health)	Routine health examinations - staff, environmental, quality control, calibration standards and research	Total
	1	2	3	4	5
1. Hematology	01				
2. Urinalysis (routine qualitative).....	02				
3. Biochemistry (blood, urine, etc.)	03				
4. Microbiology (bacteriology, 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 17 (if relevant), cols. 1 & 2	08				
9. Procurement and handling of specimens	09				
10. Other (specify):	10				
11.	11				
12. TOTAL UNITS DONE BY LABORATORY	12				

	Routine health examinations - staff	Environmental (hospital sanitation control)	Quality control	Calibration standards	Research
	1	2	3	4	5
13. Analysis of standard units reported in col. 4, line 12: (sum of cols. 1 to 5 must agree with line 12, col. 4 above)	13				

1

2

3

14. Check or specify schedule of unit
values used by the hospital:

14

☐ Federal

☐ Provincial

☐ Other (specify) _____

1

2

3

4

5

15. Check or specify procedures done
routinely on admission to hospital:

15

☐ Urinalysis

☐ Hemoglobin

☐ Syphilis
serology

☐ Vaginal
cytopathology

☐ P.K.U.

1

2

3

4

5

16. ☐ Other (specify): _____

2

5

Automated methods in hospital laboratory:

17. Number of automated chemical methods

18. Number of automated cell counting methods

Number of units performed
by automated chemical methods

Name of hospital

City, town, etc.

(05)

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

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

1. Hematology01

2. Urinalysis (routine qualitative)02

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

4. Microbiology (bacteriology, virology) ... 04

5. Histopathology 05

6. Cytopathology 06

7. Blood bank 07

3. Other (specify):

9. _____ 09

0. _____ 10

TOTAL UNITS REFERRED-OUT 11

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

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

NUMBER OF SPECIMENS

2. REFERRED - OUT TO OTHERS 12

SERVICES WHICH MAY BE PROVIDED BY
LABORATORY RADIOLOGY, OR A SEPARATE
ORGANIZATIONAL UNIT

Enter number during year:

3. E.C.G. (E.K.G.)13

4. E.E.G. 14

5. B.M.R. 15

5. Echograms 16

Nuclear Medicine
• Diagnostic17

- Therapeutic 18

Other (specify):

_____ 20

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital		City, town, etc.		(06)			
RADIOLOGY							
DIAGNOSTIC							
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
T.B. screening chest X-rays - miniature ...01 and other							
All other chest X-ray exams.....02							
Fluoroscopic exams - with or without film 03							
Cinéradiographic examinations04							
Other X-ray film examinations05 (excl. Chest)							
Sub-total06							
Diagnostic Services performed by Radiology as per page 5, lines 13 to 17, and 19-20 (if relevant), columns 3 and 407							
Other (specify):08							
TOTAL DIAGNOSTIC EXAMINATIONS PERFORMED BY RADIOLOGY09							
		(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:		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	
Number of written X-ray interpretations10							
THERAPEUTIC							
Enter number of treatments during the year:		Number of treatments done by hospital		Number of treatments done by other agencies for patients of the hospital		Total No. of treatments	
		In-patients	Out-patients	In-patients	Out-patients		
		2	3	4	5	6	
Superficial X-ray therapy11							
Deep X-ray therapy12							
Cesium therapy13							
Cobalt therapy14							
Radium therapy15							
Therapeutic Services performed by Radiology as per page 5, lines 18 to 20 (if relevant), columns 3 and 416							
Nuclear Medicine - therapeutic - done by other agencies17							
Other (specify):18							
TOTAL THERAPEUTIC RADIOLOGY TREATMENTS.....19							

1975 ANNUAL RETURN OF HOSPITALS - FORM HS - 1 - FACILITIES AND SERVICES

Name of hospital _____

City, town, etc. _____

(07)

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

Machines-stationary-for general diagnostic purposes - including those equipped for image intensification 01

Mobile radiography machines 02

Miniature chest X-ray machines 03

Image intensifier and/or amplifier equipment:

(a) for viewing only (recording by standard techniques) 04

(b) for viewing and recording (on 16 mm. or 35 mm. ciné and/or 70 mm. Kinescopic film) 05

(c) mobile image intensifiers 06

Video tape recorders 07

Number of image amplifier units served by video tape equipment 08

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

Number of cases treated anywhere in the hospital 10

In-patients 4	Out-patients 5	Total 6

SURGICAL SUITE AND EMERGENCY UNIT

Number of visits during which operations, treatments or examinations were carried out in Surgical Suites (excl. visits to the Emergency Unit) 11

Number of visits to the Emergency Unit (include ALL visits for operations, treatments or examinations done by the Emergency Unit) 12

Number of operating rooms in main Surgical Suites (excl. those reported on lines 14 and 15) 13

Number of cystoscopic rooms 14

Number of operating rooms in the Emergency Unit and/or the Out-patient Department 15

OBSTETRICAL SERVICES

Number of livebirths with congenital anomalies 16

Deaths of livebirths within 7 days of birth 17

Number of stillbirths 18

Number of mothers delivered (of livebirths and stillbirths) 19

Number of Caesarean sections (included in line 19 above) 20

Number during year 2

LIVEBIRTHS AND POSTNATAL NEWBORN ADMISSIONS

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

Number during year 6

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(08)

AUTOPSIES

Enter the number of autopsies performed during the year:

Number of autopsies - of hospital deaths01

- of other deaths02

of hospital stillbirths03

Done in hospital	Done outside hospital	Total
3	4	5

PHYSICAL MEDICINE AND REHABILITATION

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

PHYSIOTHERAPY

- number of time units04

- number of weighted units05

- number of patient attendances06

OCCUPATIONAL THERAPY

- number of time units07

- number of weighted units08

- number of patient attendances09

SPEECH THERAPY

- number of patient attendances20

By staff of Physical Medicine and Rehabilitation of the hospital		By other organizational units or agencies for patients of the hospital		Total
In-patients	Out-patients	In-patients	Out-patients	
1	2	3	4	5

DIETETICS

Number of meal-days during the year - prepared by hospital10

- purchased from others11

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

In-patients	Non-patients (incl. staff) and Out-pats.	Supplied to other institutions	Total meal-days
2	3	4	5

LAUNDRY

Number of pounds of laundry (soiled weight) - done during the year for own hospital12

- done during the year for others13

TOTAL POUNDS OF LAUNDRY FOR THE YEAR14

Done in hospital	Sent out	Total
3	4	5

HOUSING FOR STAFF

Number of beds in residence accommodation as at Dec. 31 for all hospital staff including interns, residents, nurses, students, etc.15

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

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital		City, town, etc.		(09)	
AMBULATORY CARE UNITS (incl. General and Special Clinics)			OUT-PATIENT DAY AND/OR NIGHT CARE PROGRAMS		
	In-patient visits	Out-patient visits		Number of patients	Number of visits
	1	2		5	6
General diagnostic or screening clinic 01			Diabetic Day Care 01		
Allergy 02			Geriatric Day Care 02		
Arthritis and rheumatism 03			Psychiatric - Day Care 03		
Cancer 04			- Night Care 04		
Cardiac diseases 05			Other (specify): 05		
Dentistry 06		 06		
Dermatology 07		 07		
Endocrine and metabolic diseases (excl. Diabetic Day Care) 08		 08		
Gastro-intestinal 09		 09		
Gynecology 10			TOTAL 10		
Neurology 11					6
Obstetrics (incl. Well-baby clinics) 12			Surgical Day Care* 11		
Ophthalmology 13			*Surgical Day Care (line 11, column 6) - the hospital is to record here the number of visits of Surgical Day Care patients.		
Orthopedics 14			For purposes of this report the following definition applies:		
Otorhinolaryngology 15			Surgical day care is a recognized, organized out-patient program. A surgical day care patient is one who is not admitted as an in-patient to an in-patient bed, and on whom is performed an elective surgical or endoscopic procedure under a local or general anaesthetic and who is released on the same day.		
Psychiatry and/or mental health (excl. day and night care) 16			Note that the procedures performed on surgical day care patients will also be recorded as out-patient visits in the appropriate counts of Surgical Suite and Emergency Unit activities. (See page 7 of the HS-1 Form)		
Renal dialysis 17					
Speech and hearing 18					
Tuberculosis 19					
Urology 20			Hospital - Based Home Care Programs		
Venereal diseases 21			Number of patients admitted to the program during the year 12		
All others 22					
TOTAL VISITS 23			6		
Number of visits incl. in line 23, columns 1 and 2 to the Organized Out-patient Department 24			6		

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(10)

TOTAL PERSONNEL DATA BY DIVISIONS, DEPARTMENTS, OR SECTIONS

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

Persons employed as of 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

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

DIAGNOSTIC AND THERAPEUTIC (SPECIAL SERVICES)

Organized Out-patient Department 02

Psychiatric Clinic (excl. Psychiatric Day and/or Night Care Programs) 03

Tuberculosis Clinic (T.B.) 04

All other Ambulatory Care Units (excl. Emergency Unit) 05

Laboratory 06

Electrocardiography (E.C.G.) 07

Electroencephalography (E.E.G.) 08

Nuclear Medicine 09

Pharmacy 10

Radiology - Diagnostic 11

Therapeutic 12

Physical Medicine and Rehabilitation 13

Social Work 14

Ambulance (excl. Motor Transportation) 15

Out-patient Day and/or Night Care Programs 16

Special Research 17

Respiratory Therapy 18

Other (specify):

..... 19

..... 20

TOTAL DIAGNOSTIC AND THERAPEUTIC (SPECIAL SERVICES)

(Sum of lines 2 to 20) 21

Name of hospital

City, town, etc.

(11)

EDUCATIONAL PROGRAMS

in this section include all medical interns, residents and clinical clerks but exclude all other medical school staff and students of formally

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			
2			
3			
4			
5			
6			
7			
8			
9			

(excluding medical staff, interns, residents, clinical clerks and students)

General Administration (including Medical Director).....	10				
Medical Records and Hospital Library.....	11				
Dietetics	12				
Laundry.....	13				
Linen.....	14				
Housekeeping	15				
Motor Transportation (excl. Ambulance).....	16				
Plant Operation and Hospital Security.....	17				
Plant Maintenance	18				
Ancillary Operations	19				
Other (specify):	20				
TOTAL ADMINISTRATIVE AND SUPPORTIVE (GENERAL SERVICES).....	21				

(excl. M.D. Staff)

(Sum of lines 1 + 21, page 10 plus lines 9 + 21, page 11)

2			
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1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(12)

DISTRIBUTION OF ACCUMULATED PAID HOURS OF STAFF EMPLOYED BY NURSING DEPARTMENT (excl. Nursing Education)

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

		Accumulated paid hours during the year				
		Grad. Nurses (Registered & Non-Reg.)	Nursing Assistants (Qualified)	Orderlies	Other Nursing Dept. Staff	Total accumulated paid hours
		1.	2	3	4	5
NURSING						
Nursing Administration.....	01					
In-patient Units - Adults and Children						
- Short-term Units	02					
- Long-term Units	03					
Nursery	04					
Obstetrical Suite (incl. Labour and Delivery Rooms).....	05					
Surgical Suite (incl. Post. Operative Recovery Unit)	06					
Emergency.....	07					
Central Supply	08					
.....	09					
Intravenous Therapy	10					
Other Nursing Services (specify)::						
.....	11					
SUB - TOTAL (col. 5 agrees with page 10, line 1, col. 4)	12					
OTHER DEPARTMENTS OR SECTIONS STAFFED BY NURSING DEPARTMENT						
Organized Out-patient Department.....	13					
Psychiatric Clinic (excl. Day and /or Night Care Programs).....	14					
All other Gen. and Spec. Clinics.....	15					
Other (specify):						
.....	16					
.....	17					
.....	18					
.....	19					
.....	20					
TOTAL	21					
		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.

1975 ANNUAL RETURN OF HOSPITALS — FORM HS - 1 — FACILITIES AND SERVICES

Name of hospital		City, town, etc.			(13)	
ALL NURSING DEPARTMENT STAFF BY CATEGORY		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
NURSING STAFF (exclusive of Nursing Education):						
Graduate Nurses — (Registered & Non-Registered)						
- Director.....	01					
- Assistant Director	02					
- Supervisors 2	03					
- Supervisors 1 (Head Nurses).....	04					
- Assistant Head Nurses.....	05					
- Other Graduate Nurses.....	06					
SUB - TOTAL (col. 5 agrees with page 12, line 21, col. 1).....		07				
Nursing Assistants (Qualified) (column 5 agrees with page 12, line 21, column 2).....		08				
Orderlies (col. 5 agrees with page 12, line 21, col 3).....		09				
Nurse Interns (in intern period of two-plus course).....		10				
Child-care Nurses		11				
Clerks		12				
Others		13				
TOTAL (col. 5 agrees with page 12, line 21, col. 5).....		14				
NURSING EDUCATION						
Graduate Nurses — (Registered & Non-Registered)						
- Director and /or Asst. Director of Nurs. Educ.....	15					
- Instructors (clinical and classroom)	16					*
Nursing Students - in third year of three year course	17					*
- all other Nursing Students (excluding Interns - See line 10 above).....	18					*
Student Nursing Assistants (in courses, leading to certification, licensing or registration)	19					*
Student Child-care Nurses	20					
Other	21					
TOTAL (cols. 1, 2, 4, 5 agree with page 11, line 2, cols. 1, 2, 3, 4 respectively)		22				
TOTAL FOR ALL NURSING STAFF (Sum of lines 14 plus 22)		23				

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(14)

PAID MEDICAL STAFF (excluding Interns, Residents and Clinical Clerks)

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

Paid Medical Staff
as at Dec. 31

Full-time

Part-time

3

4

Psychiatrists01

Pathologists02

Other Medical Staff in Laboratory03

Cardiologists04

Radiologists05

Other Medical Staff in Radiology Department06

Physiatrists (Specialists in Physical Medicine and Rehabilitation)07

Chief of Medical Staff and Heads of Services08

Medical Education09

.....10

Other Paid Medical Staff11

TOTAL12**SELECTED ALLIED HEALTH PERSONNEL**

Note: Data reported here must be included in the appropriate department on p. 10 or p. 11.

Report only qualified personnel as defined in the Instructions:

Persons employed
as at Dec. 31Staff
separations
during year
from full-time
employmentTotal accumulated
paid hours
during year

Full-time

Part-time

1

2

3

4

Psychologists13

Pharmacists14

Physiotherapists15

Occupational Therapists16

Speech Therapists17

Audiologists18

Social Workers19

Medical Record Librarians20

Medical Record Technicians21

Dietitians22

UNDERGRADUATE

Name of hospital

City, town, etc.

(16)

EDUCATIONAL PROGRAMS

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.

RM HS-1 P. 16 OF 18

1975 ANNUAL RETURN OF HOSPITALS – FORM HS - 1 – FACILITIES AND SERVICES

Name of hospital

City, town, etc.

(17)

UNDERGRADUATE EDUCATIONAL PROGRAMS FOR AFFILIATES-IN

If your hospital provides any facilities for part of a course for undergraduates complete items 1 to 4.

Length of course (in weeks) given in your hospital 01

Total number of students attending during year 02

Average monthly value of stipends paid to each student by your hospital. If nil please so state 03

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	Med. Lab Technologists	Radiol. Technicians
3	4	5	6	7	8	9

UNDERGRADUATE PROGRAMS FOR EXTRAMURAL EDUCATION

If your hospital sponsors undergraduate training of students taking a course elsewhere complete items 5 to 8.

Length of course (in months) taken elsewhere 05

Number of students sponsored in these courses during the year 06

Additional training (in months) provided in your hospital. If nil please so state 07

Average monthly value of support paid by your hospital for each student 08

Students					Other students (specify)	
Nursing Assistants	Med. Lab Technologists	Radiol. Technicians	Medical Record Librarians	Physiotherapists		
3	4	5	6	7	8	9

5

6

9

OTHER EDUCATIONAL PROGRAMS OF THE HOSPITAL

Does your hospital have the formal approval of the national or provincial medical association as a "parent" hospital for the training of junior interns? 09 ☐ Yes ☐ No If yes, for how many positions 09

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

Does your hospital participate in a University Sponsored residency program approved by the Royal College of Physicians and Surgeons of Canada or by the College of Physicians and Surgeons of a Province for training in Medical Specialities? 11 ☐ Yes ☐ No If yes, for how many positions 11

Does your hospital have formal affiliation with a university for the training of under-graduate medical students in at least internal medicine and general surgery? 12 ☐ Yes ☐ No

	Number		Total accumulated man-weeks during year
	In training during year	On staff Dec. 31	
	1	2	3
Clinical Clerks..... 13			
Interns..... 14			
Residents in Medical Specialities..... 15			
TOTAL..... 16			

17. Administrative Residents 17

18. Dietetic Interns 18

19. Physiotherapy Interns 19

20. Occupational Therapy Interns..... 20

Other (specify):

21. 21

22. 22

Number		Total accumulated paid hours during year
In training during year	On staff Dec. 31	
7	8	9

(18)

1

TOTAL (excluding classroom hours).....19

agrees with
page 13,
line 20,
col. 5

TOTAL (including classroom hours) lines 19 + 20 21

(Name of hospital)

(City, town, etc)

This blank form is to be used for reporting supplementary details such as are specified in:-

5-1 Instructions and Definitions

5-2 Instructions and Definitions

ADDITIONAL INFORMATION -

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