

Tuesday, April 28, 2020

AHA Annual Survey - 2019

This printout of the survey includes all the data that has been entered so far. If no data has been entered all the fields will be empty. If you have entered some or all of the data, it will be represented here (except responses to 'write-in' or 'dropdown' questions, where only the first item will print). Please keep a copy of the most complete survey for your records. If you have any questions, please contact the Health Forum/AHA Support Team.

Thank You.

Jasper Memorial Hospital (6380885)

898 College Street

Monticello, Georgia 31064

Jasper County

Survey Status

Submitted

Date Started

APR-27-20

Date Last Edited

APR-28-20

Date Submitted

APR-28-20

Survey Administrators

Jan Gaston

AHA Annual Survey - 2019

Jasper Memorial Hospital (6380885)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Reporting Period	Completed	04/28/2020	Jan Gaston

Section A: Question

1. Reporting Period used (beginning and ending date):

Description

From (mm/dd/yyyy)

Answer

10/01/2018

To (mm/dd/yyyy)

09/30/2019

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

Yes

2b. Number of days open during reporting period:

365

3. Indicate the beginning of your current fiscal year

mm/dd/yyyy

10/01/2019

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Jasper Memorial Hospital (6380885)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Organizational Structure	Completed	04/28/2020	Jan Gaston

Section B: Question

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

23 Other nongovernment, not-for-profit (including NFP)

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

10 General medical and surgical

Other-specify treatment area:

OTHER

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

No

3b. Does the hospital itself operate subsidiary corporations?

No

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

No

Name

City

State

Name

City

State

Name

City

State

Name

City

State

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

No

3e. If you checked 80 Acute long-term care hospital (LTCH) in the section B2 (Service), please indicate if you are a freestanding LTCH

If you are arranged in a general acute care hospital, what is your host hospital's name, city and state?

AHA Annual Survey - 2019

Jasper Memorial Hospital (6380885)

Section B: Question

Description

Answer

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

3g. What type of hospital is co-located? (Check all that apply)

3g. What type of hospital is co-located? (Check all that apply)

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Jasper Memorial Hospital (6380885)

Section Title	Status	Last Edit Date	Last Edit By
Facilities and Services	Completed	04/28/2020	Jan Gaston

Section C: Facilities and Services

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (In my local community)	(4) Do Not Provide
1. General medical - surgical care	<input checked="" type="checkbox"/> (#Beds: 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical - surgical care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Obstetrics (Please specify the level of unit provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Level: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Medical-surgical intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cardiac intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Neonatal intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Neonatal intermediate care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Pediatric intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Burn care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Other special care (Please specify the type of other special care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Other intensive care (Please specify the type of other intensive care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Physical rehabilitation	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Alcoholism-chemical dependency care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Psychiatric care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Skilled nursing care	<input checked="" type="checkbox"/> (#Beds: 55)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Intermediate nursing care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Acute long-term care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Other long-term care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Other care (Please specify the type of other care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Airborne infection isolation room (Please specify the number of rooms)	<input type="checkbox"/> (# Rooms: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Alcoholism-chemical dependency Services				
22a. Alcoholism-chemical dependency pediatric services	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Section C: Facilities and Services

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22b. Alcoholism-chemical dependency outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22c. Alcoholism-chemical dependency partial hospitalization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Alzheimer Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Air Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Ambulatory surgery center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Auxiliary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bariatric/weight control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Birthing room - LDR room - LDRP room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Blood Donor Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Breast cancer screening / mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Cardiology and cardiac surgery services:				
33a. Adult cardiology services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33b. Pediatric cardiology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33c. Adult diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33d. Pediatric diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33e. Adult interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33f. Pediatric interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33g. Adult cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33h. Pediatric cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33i. Adult cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33j. Pediatric cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33k. Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chaplaincy/pastoral care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Children's wellness program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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38. Chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. Community outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. Complementary and alternative medicine services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. Computer assisted orthopedic surgery (CAOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. Crisis prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Diabetes prevention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. Emergency services:				
45a. On-campus emergency department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45b. Off-campus emergency department	<input type="checkbox"/> (24 hours: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45c. Pediatric emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45d. Trauma center (certified) [Level of unit (1-3)] (Please specify the level of unit provided by the hospital if applicable.)	<input type="checkbox"/> (Level: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47. Endoscopic services:				
47a. Optical colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47b. Endoscopic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47c. Ablation of Barrett's esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47d. Esophageal impedance study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47e. Endoscopic retrograde cholangiopancreatography (ERCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. Enrollment (insurance) assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Employment support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Fertility clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. Fitness center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54. Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
55. Health fair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Community health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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57. Genetic testing/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Health screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Health research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. HIV - AIDS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Home health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63. Hospice program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
64. Hospital - based outpatient care center - services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Housing services:				
65a. Assisted living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65b. Retirement housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65c. Supportive housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Immunization program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Indigent care clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Linguistic/translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
69. Meal delivery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Mobile health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
71. Neurological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Nutrition programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Occupational health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Oncology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
75. Orthopedic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
76. Outpatient surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77. Pain management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78. Palliative care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79. Palliative care inpatient unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80. Patient Controlled Analgesia (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81. Patient education center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82. Patient representative services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Jasper Memorial Hospital (6380885)

Section C: Facilities and Services

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83. Physical rehabilitation services:				
83a. Assistive technology center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83b. Electrodiagnostic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83c. Physical rehabilitation outpatient services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83d. Prosthetic and orthotic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83e. Robot-assisted walking therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83f. Simulated rehabilitation environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84. Primary care department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Psychiatric services:				
85a. Psychiatric consultation - liaison services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85b. Psychiatric pediatric care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85c. Psychiatric geriatric services	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85d. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85e. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85g. Psychiatric intensive outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85h. Psychiatric partial hospitalization services - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85i. Psychiatric partial hospitalization services - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85j. Psychiatric residential treatment - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85k. Psychiatric residential treatment - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86. Radiology, diagnostic:				
86a. CT scanner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86c. Electron beam computed tomography (EBCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86d. Full-field digital mammography(FFDM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86e. Magnetic resonance imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86f. Intraoperative magnetic resonance imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86g. Magnetoencephalography (MEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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86h. Multi-slice spiral computed tomography(<64 + slice CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86i. Multi-slice spiral computed tomography (64+ slice CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86j. Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86k. Positron emission tomography/CT (PET/CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86l. Single photon emission computerized tomography (SPECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86m. Ultrasound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Radiology therapeutic:				
87a. Image-guided Radiation Therapy(IGRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87b. Intensity-Modulated Radiation Therapy (IMRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87c. Proton beam therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87d. Shaped Beam Radiation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87e. Stereotactic radiosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88. Robotic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89. Rural health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90. Sleep center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91. Social work services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
92. Sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
93. Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
94. Swing bed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Teen outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96. Tobacco treatment / cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97. Telehealth				
97a. Consultation and office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97b. eICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97c. Stroke care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97d. Psychiatric and addiction treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97e. Remote patient monitoring:				
1. Post-discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ongoing chronic care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Section C: Physician Arrangements

Answer

Answer (History)

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

a. Emergency Services	No	No
b. Primary Care Services	No	No
c. Acute inpatient care	No	No
d. Extended care	No	No

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107a. For each of the physician-organization arrangements, please report the number of involved physicians in these arrangements.

	Number of Physicians	My Hospital	My Health System	Do Not Provide
1. Independent Practice Association	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Group practice without walls		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Open Physician - Hospital Organization (PHO)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Closed Physician - Hospital Organization (PHO)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Management Service Organization (MSO)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Integrated Salary Model	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Equity Model		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Foundation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Other, please specify:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107b. For those arrangements reported in 107a., please report the approximate ownership share.

	Hospital ownership share %	Physician ownership share %	Parent corporation ownership share %	Insurance ownership share %
1. Independent Practice Association (IPA)				
2. Group practice without walls				
3. Open Physician-Hospital Organization (PHO)				
4. Closed Physician-Hospital Organization (PHO)				
5. Management Service Organization (MSO)				
6. Integrated Salary Model	100			
7. Equity Model				
8. Foundation				
9. Other, please specify				

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

	Percent %	Number of Physicians
107.1 Solo practice		
107.2 Single specialty group	100	2
107.3 Multi-specialty group		

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	<u>Answer</u>	<u>Answer (History)</u>
107d. Of the physician practices owned by the hospital, what percentage are primary care?	100	100
107e. Of the physician practices owned by the hospital, what percentage are specialty care?	0	0
108. Looking across all the relationships identified in question 107a, what is the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payors or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership)?	2	0
109a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?	No	No
109b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures. (Check all that apply).		
109b. Other		
109c. If you selected 'a'. Limited Service Hospital' please tell us what type(s) of services are provided (Check all that apply).		
109c. Other		
109d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?	No	No

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<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Insurance and Alternative Payment Models	Completed	04/28/2020	Jan Gaston

Section D: Question

	<u>Answer</u>
1. Does your hospital own or jointly own a health plan?	No
1a. In what states? (Select all that applies)	
2. Does your system own or jointly own a health plan?	No
2a. In what states? (Select all that applies)	
3. Does your hospital/system have a significant partnership with an insurer on an insurance company/health plan?	No
3a. In what states? (Select all that applies)	

4. If yes, to 1, 2 and/or 3, please indicate the insurance products and the total medical enrollment (check all that apply)

4. Insurance

<u>Insurance Product</u>	<u>Hospital</u>	<u>System</u>	<u>JV</u>	<u>Medical Enrollment</u>	<u>New Product</u>	<u>No</u>	<u>Do Not Know</u>
a. Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid Managed Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health Insurance Marketplace ("exchange")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Individual Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Large Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, to 4.g. Other Please specify:

<u>Answer</u>

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

	<u>Answer</u>
a. Providers within your network	No
b. Providers outside your network	No

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

a. Providers within your network

Answer

No

b. Providers outside your network

No

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

Answer

No

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

Answer

0

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

--

10. Does your hospital participate in any bundled payment arrangement?

No

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

- 1. Traditional Medicare
- 2. A Medicare Advantage plan
- 3. A commercial insurance plan including ACA participants, individual, group or employer markets
- 4. Medicaid

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

Answer

--

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

--

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

0

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

No

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

--

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

0

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

No

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

No

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

Answer

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

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Answer

15b. With which of the following types of payers does your hospital/system have an accountable care contract? (Select all that apply)

15c. If you selected Traditional Medicare, in which of the following Medicare programs is your hospital/system participating? (Select all that apply)

- 1. MSSP Track 1
- 2. MSSP Track 2
- 3. MSSP Track 3
- 4. MSSP Track 1+
- 5. NextGen
- 6. Comprehensive ESRD Care

Answer

15d. What percentage of your hospital's/system patients are covered by accountable care contracts?

15e. What percentage of your hospital's/system patient revenue came from ACO contracts in 2019?

16a. In what year did your hospital's/system last ACO contract end?

16b. Which of the following types of payers did your hospital's/system have an accountable care contract with? (Select all that apply)

16c. In which of the following Medicare programs did your hospital's/system participate? (Select all that apply)

16d. How many commercial accountable care contracts has your hospital's/system previously been a part of?

17. Has your hospital's/system ever considered participating in an ACO?

- a. Yes, and we are planning to join on
- b. Yes, but we are not planning to join one
- c. No, we have not even considered it

Answer

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

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

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

Answer

a. Hospital

b. System

Answer

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<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Total Facility Beds, Utilization, Finances & Staffing	Completed	04/28/2020	Jan Gaston

<u>Section E: Question</u>	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
----------------------------	-----------------------	---------------------------------	-----------------------------------	---

1. BEDS AND UTILIZATION

a. Total licensed beds.	72	72	55	55
b. Beds set up and staffed for use at the end of the reporting period (Do not report licensed beds)	67	67	55	55
c. Bassinets set up and staffed for use at the end of the reporting period	0	0		
d. Births (exclude fetal deaths)	0	0		
e. Admissions (exclude newborns, include neonatal & swing admissions)	105	133	24	29
f. Inpatient days (exclude newborns, include neonatal & swing days)	20,987	20,903	19,553	19,521
g. Emergency department visits	3,650	4,050		
h. Total outpatient visits (include emergency department visits & outpatient surgeries)	6,705	8,530		
i. Inpatient surgical operations	0	0		
j. Number of operating rooms	0	0		
k. Outpatient surgical operations	0	0		

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Jasper Memorial Hospital (6380885)

Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
--	-----------------------	---------------------------------	-----------------------------------	---

Medicare/Medicaid

2. MEDICARE/MEDICAID UTILIZATION

(exclude newborns, Include neonatal & swing days &

a. 1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)

92	106	13	7
----	-----	----	---

a. 2. How many Medicare inpatient discharges were Medicare Managed Care?

32	19	1	0
----	----	---	---

b. 1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)

1,638	1,583	228	247
-------	-------	-----	-----

b. 2. How many Medicare inpatient days were Medicare Managed Care?

603	311	26	0
-----	-----	----	---

c. 1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)

4	14	3	14
---	----	---	----

c. 2. How many Medicaid inpatient discharges were Medicaid Managed Care?

0	0	0	0
---	---	---	---

d. 1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)

13,908	13,734	13,904	13,734
--------	--------	--------	--------

d. 2. How many Medicaid inpatient days were Medicaid Managed Care?

0	0	0	0
---	---	---	---

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Jasper Memorial Hospital (6380885)

Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
3. FINANCIAL				
*a. Net patient revenue (treat bad debt as a deduction from revenue)	10,853,390	10,556,382	5,037,276	4,091,290
*b. Tax appropriations	486,000	383,500		
*c. Other operating revenue	70,218	91,112		
*d. Nonoperating revenue	344,742	1,135,530		
*e. TOTAL REVENUE (add 3a thru 3d)	11,754,350	12,166,524	5,037,276	4,091,290
f. Payroll expenses (only)	6,052,529	5,513,307	2,578,594	2,261,751
g. Employee benefits	1,205,932	1,233,533	561,528	552,428
h. Depreciation expense (for reporting period only)	147,267	105,518		
i. Interest expense	495	564		
j. Pharmacy Expense	95,415	153,116		
k. Supply expense (other than pharmacy)	75,272	638,371		
l. All other expenses	5,399,246	3,754,040		
m. TOTAL EXPENSES (Add 3f thru 3l. Exclude bad debt)	12,976,156	11,398,449	8,177,398	4,268,860
n. Do your total expenses (E3.m) reflect full allocation from your corporate office?	No	Yes		
*4. Revenue By type				
a. Total gross inpatient revenue	6,374,597	6,232,148		
b. Total gross outpatient revenue	7,652,276	7,451,396		
c. Total gross patient revenue	14,026,873	13,683,544		
*5. Uncompensated Care & Provider Taxes				
a. Bad debt (Revenue forgone at full established rates. Include in gross revenue)	706,185	666,007		
b. Financial Assistance (includes Charity) (Revenue forgone at full established rates. Include in gross revenue)	617,235	65,545		
c. Is your bad debt (5a.) reported on the basis of full charges?	Yes	Yes		
d. Does your state have a provider Medicaid tax/assessment program?	Yes	Yes		

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Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
e. If yes, please report the total gross amount paid into the program	327,549	326,457		
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in: Total Expenses.....	Yes	Yes		
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in: Deductions from net Patient Revenue.....	No	No		

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Section E: Question (continued)

6. REVENUE BY PAYOR (report total facility gross and net figures)

	(1) <u>Gross</u>	(1) <u>Gross (History)</u>	(2) <u>Net</u>	(2) <u>Net (History)</u>
*6a. GOVERNMENT				
6a1. Medicare				
6a1a. Fee for service patient revenue	2,905,151	3,259,345	2,047,056	2,527,932
6a1b. Managed care revenue	1,934,737	1,659,490	1,593,814	1,126,885
6a1c. Total (a + b)	4,839,888	4,918,835	3,640,870	3,654,817
Medicaid				
6a2. Medicaid:				
6a2a. Fee for service patient revenue	3,369,276	3,303,560	2,494,771	2,623,558
6a2b. Managed care revenue	941,680	873,507	442,993	420,877
6a2c. Medicaid Graduate Medical Education (GME) payments			0	0
6a2d. Medicaid Disproportionate Share Hospital Payments (DSH)			1,285,289	219,454
6a2e. Medicaid supplemental payments: not including Medicaid Disproportionate Share Hospital Payments)			0	1,103,213
6a2f. Other Medicaid			0	0
6a2g. Total (a+b+c+d+e+f)	4,310,956	4,177,067	4,223,053	4,367,102
6a3. Other Government:	0	0	0	0
6b1. Self-pay	1,781,077	1,781,116	861,460	516,052
6b2a. Managed care (includes HMO and PPO)	699,289	895,502	461,164	635,532
6b2b. Other third - party payers	2,395,663	1,911,024	1,666,843	1,382,879
6b2c. Total Third - party payers (a+b)	3,094,952	2,806,526	2,128,007	2,018,411
6b3. All Other nongovernment	0	0	0	0
*6c. TOTAL	14,026,873	13,683,544	10,853,390	10,556,382

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Section E: Question (continued)

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

Medicaid supplemental payments

<u>Inpatient</u>	<u>Inpatient (History)</u>	<u>Outpatient</u>	<u>Outpatient (History)</u>

*6e. If you are a government owned facility, does your facility participate in the Medicaid intergovernmental transfer or certified public expenditure program.

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

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

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

***7. FINANCIAL PERFORMANCE - MARGIN**

*a. Total Margin

*b. Operating Margin

*c. EBITDA Margin

*d. Medicare Margin

*e. Medicaid Margin

8. Fixed Assets

8a. Property, plant and equipment at cost

8b. Accumulated depreciation

8c. Net property, plant and equipment (a - b)

8d. Total gross square feet of your physical plant used for or in support of your healthcare activities

9. Total Capital Expenses

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

10. INFORMATION TECHNOLOGY AND CYBERSECURITY

a. IT Operating Expense

b. IT Capital Expense.

<u>Answer</u>	<u>Answer (History)</u>
Yes	Yes
Gross	Net
<u>Answer</u>	<u>Answer (History)</u>
No	Yes
No	No
<u>Answer</u>	<u>Answer (History)</u>
-10.40	6.30
-19.60	-7
	-6.10
5,858,845	5,046,108
4,312,038	4,210,556
1,546,807	835,552
34,099	28,854
812,737	260,509
<u>Answer</u>	<u>Answer (History)</u>
421,416	322,480
0	

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	<u>Answer</u>	<u>Answer (History)</u>
c. Number of Employed IT staff (in FTEs).	1	1
d. Number of outsourced IT staff (in FTEs).	0	0
*e. What percentage of your IT budget is spent on security?	25	
f. Which of the following cybersecurity measures does your hospital or health system currently deploy?*	a. Annual risk assessment, g. Strong password requirements	

CYBERSECURITY

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

*These data will be treated as confidential and not released without written permission. AHA will, however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association.

*For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box.

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Section E: 11. Staffing

	<u>Full-Time (35 hr/wk or more) On Payroll</u>	<u>Full-Time (History)</u>	<u>Part-Time (<35 hr/wk) On Payroll</u>	<u>Part-Time (History)</u>	<u>FTE</u>	<u>Vacancies</u>	<u>Vacancies (History)</u>
a. Physicians	1	1	1	1	1.5	0	0
b. Dentists	0	0	0	0	0	0	0
c. Medical residents/interns	0		0		0	0	
d. Dental residents/interns	0		0		0	0	
e. Other trainees	0	0	0	0	0	0	0
f. Registered nurses	15	14	11	11	15	1	2
g. Licensed practical (vocational) nurses	18	18	4	4	17	3	2
h. Nursing assistive personnel	24	24	23	23	30	4	3
i. Radiology technicians	3	2	6	6	3	0	0
j. Laboratory technicians	2	2	6	6	3	0	0
k. Pharmacists, licensed	1	1	2	2	1	0	0
l. Pharmacy technicians	0	0	0	0	0	0	0
m. Respiratory therapists	0	0	0	0	0	0	0
n. All other personnel	44	43	16	15	47	0	0
o. Total facility personnel (add 11.a through 11.n)(Total facility personnel should include hospital plus nursing home type unit/facility personnel reported in 11.p and 11.q)	108	105	69	68	117	8	7
p. Nursing home type unit/facility Registered Nurses	3	3	3	3	3	0	0
q. Nursing home type unit/facility personnel	45	45	17	17	66	3	3

r. For your employed RNs reported above (F.11.f, column 3), please report the number of full time equivalents who are involved in direct patient care.

<u>Answer</u>	<u>Answer (History)</u>
14	13

s. For your medical residents/interns reported above (E.11c. column 1) please indicate the number of full-time on payroll.

<u>Answer</u>	<u>Answer (History)</u>
0	
0	

1. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics)

2. Other Specialties

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Section E: 12. Privileged Physicians

	(1) Total Employed	(2) Total Individual	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged
a. Primary care (general practitioner, general internal medicine, family practice, general	2	0	0	3	5
b. Obstetrics/gynecology	0	0	0	0	0
c. Emergency medicine	0	0	13	0	13
d. Hospitalist	0	1	0	0	1
e. Intensivist	0	0	0	0	0
f. Radiologist/pathologist/anesthesiologist	0	0	3	0	3
g. Other specialist	0	1	0	0	1
h. Total (add 12a-12g)	2	2	16	3	23

13. HOSPITALISTS

	Answer	Answer (History)
13a. Do hospitalists provide care for patients in your hospital? (if yes, please report in E.12c.)	Yes	Yes
13b. If yes, please report the total number of full-time equivalents (FTE) hospitalists. FTE	1	1

14. INTENSIVISTS

	Answer	Answer (History)
a. Do intensivists provide care for patients in your hospital. (If no, please skip to question 15.) (if yes, please report in E.12e.)	No	No

b. If yes, please report the total number of FTE intensivists and assign them to the following areas. Please indicate whether the intensive care area is closed to intensivists. (Meaning that only intensivists are allowed to care for ICU patients.)

	FTE	Closed	FTE (History)	Closed (History)
1. Medical-surgical intensive care		<input type="checkbox"/>		<input type="checkbox"/>
2. Cardiac intensive care		<input type="checkbox"/>		<input type="checkbox"/>
3. Neonatal intensive care		<input type="checkbox"/>		<input type="checkbox"/>
4. Pediatric intensive care		<input type="checkbox"/>		<input type="checkbox"/>
5. Other intensive care		<input type="checkbox"/>		<input type="checkbox"/>
6. Total		<input type="checkbox"/>		<input type="checkbox"/>

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15. ADVANCED PRACTICE REGISTERED NURSES / PHYSICIAN ASSISTANTS

	<u>Answer</u>	<u>Answer (History)</u>
a. Do advanced practice nurses/physician assistants provide care for patients in your hospital?(if no, please skip to 16.)	No	Yes
Advanced Practice Registered Nurses Full-time		0
Advanced Practice Registered Nurses Part-time		0
Advanced Practice Registered Nurses FTE		0
Physician Assistants Full-time		2
Physician Assistants Part-time		0
Physician Assistants FTE		2
c. If yes, please indicate the type of service provided. (Please check all that apply)		Primary care

16. FOREIGN EDUCATED NURSES

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2019 vs. 2018?	Did not hire foreign nurses	Did not hire foreign nurses
b. From which countries/continents are you recruiting foreign-educated nurses? (check all that apply)		

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Section Title	Status	Last Edit Date	Last Edit By
Supplemental Information	Completed	04/28/2020	Jan Gaston

Section F: Supplemental Information

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

Answer

No

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

Facilities	Check all that apply	Number of On-Campus Sites	Number of Off-Campus Sites
Airway endoscopy	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ambulatory surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Blood product exchange	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cardiac/pulmonary rehabilitation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Diagnostic/screening test and related procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Drug administration and clinical oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ear, nose throat (ENT)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
General surgery and related procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gastrointestinal (GI)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gynecology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laboratory	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major imaging	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Minor imaging	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Musculoskeletal surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nervous system procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ophthalmology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pathology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Primary care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Psychiatric care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Radiation oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Rehabilitation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Skilled nursing	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

AHA Annual Survey - 2019

Jasper Memorial Hospital (6380885)

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| g. Health insurance companies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Schools | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Local businesses or chambers of commerce | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j. National businesses | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k. Other (list): | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

6. Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?
7. Does your hospital have a policy or guidelines that facilitate unrestricted access, 24 hours a day, to hospitalized patients
8. Use this space for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.
9. Does your hospital or health system have an Internet or Homepage address? If yes, please provide the address.

Answer

No

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

Your Name & Title

a. Exists across all units

Your Email Address

Your Phone Number

Yes

Your Fax Number

www.jaspermemorialhospital.org

I hereby grant AHA permission to release my hospital's revenue data to external users that
 Laura Hudgins

Assistant Administrator

lhudgins@jaspermemorial.com

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