



## Ohio Administrative Code

### Rule 3701-59-05 Hospital registration and reporting requirements.

Effective: January 20, 2020

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Every hospital, public or private, shall, by the first of March of each year, register with and report to the department of health the following information for the previous calendar year in a manner prescribed by the director. A facility providing inpatient services at a geographically separate location that is not part of the main hospital or is located at a different street address from the hospital that owns and operates it, and a facility that is certified by the centers for medicare and medicaid services independently from the hospital in which it is located, shall register with and report to the department of health separately.

(A) Information needed to identify and classify the hospital, include the following:

(1) Hospital identifying information, including:

(a) The name of the hospital;

(b) The hospital number assigned by the department;

(c) The name the hospital uses for medicare, if different than the hospital name in paragraph (A)(1)(a) of this rule, the hospital's national provider identifier, and centers for medicare and medicaid services certification number;

(d) The hospital's address, mailing address if different than the address, and the county in which the hospital is located; and

(e) The telephone number, e-mail address, and legal name of the business entity that controls the operation of the hospital, if different than the hospital name in paragraph (A)(1)(a) of this rule;

(2) The name and title of president/chief executive officer;



- (3) The name, title, and telephone number of individual responsible for submitting hospital registration information to the department;
- (4) Accreditation/certification status (accrediting organization name; medicare deemed status, if applicable; and date of most current accrediting organization survey);
- (5) Name, address, county, and zip code of satellite units;
- (6) Type of entity that controls operation of the hospital, such as not-for-profit, for profit, government, or other;
- (7) Name of multi-hospital system of which the hospital is a part, if applicable and names and addresses of other Ohio hospitals within the multi-hospital system;
- (8) If applicable, the hospital's medicare provider type classification, as specified in the hospital's provider agreement with the centers for medicare and medicaid services, from one of the following categories:
  - (a) Short term acute care hospital;
  - (b) Psychiatric hospital;
  - (c) Rehabilitation hospital;
  - (d) Critical access hospital;
  - (e) Long-term acute care hospital; or
  - (f) Children's hospital.
- (9) The hospital's specialty or primary classification from one of the following categories if different from the medicare provider type classification, or if the hospital is not medicare certified:



- (a) General hospital;
  - (b) Alcohol and drug hospital;
  - (c) Burn care hospital;
  - (d) Cancer hospital;
  - (e) Heart hospital;
  - (f) Children's hospital as defined in division (B)(1) of section 3727.01 of the Revised Code;
  - (g) Rehabilitation hospital;
  - (h) Psychiatric hospital; or
  - (i) Other.
- (10) The business name, and medicare certification number or state licensure number, or both, of the following entities contained within the hospital, as applicable:
- (a) Distinct part psychiatric unit;
  - (b) Distinct part rehabilitation unit;
  - (c) Transplant center; or
  - (d) Maternity unit and newborn care nursery.
- (B) Information on the type and volume of services provided by the hospital including, but not limited, to the following:
- (1) Number of inpatient surgical cases;



- (2) Number of outpatient surgical cases;
- (3) Number of pediatric and adult cardiac catheterizations performed;
- (4) Number of adult open heart surgical procedures and the number of pediatric cardiovascular surgery procedures performed;
- (5) Number of surgical operating rooms in the following categories;
  - (a) Inpatient;
  - (b) Outpatient; and
  - (c) Dual purpose (inpatient and outpatient);
- (6) Number of patients treated in the emergency room and released;
- (7) Number of patients treated in the emergency room who were admitted to the hospital;
- (8) Level designation, if institution is a trauma center verified by the American college of surgeons;
- (9) Level designation, if institution is a pediatric trauma center verified by the American college of surgeons;
- (10) Level designation of obstetric service, if applicable; and
- (11) Level designation of newborn service, if applicable.
- (12) Information on the location, type and volume of services provided by satellite units, including the following:
  - (a) Types of services provided; and



(b) Total number of patients treated (on an outpatient basis) for each type of service provided.

(C) The total number of beds listed by category of inpatient care provided. Report number of admissions (including individuals transferred from another unit within the hospital), number of patient days of care, and number of beds in use for each category of care listed in this paragraph. Beds shall be reported in the following categories:

(1) Alcohol or drug abuse rehabilitation;

(2) Burn care;

(3) Hospice;

(4) Level I neonatal care service;

(5) Level II neonatal care service;

(6) Level III neonatal care service;

(7) Level I obstetric care service;

(8) Level II obstetric care service;

(9) Level III obstetric care service;

(10) Long term acute care;

(11) Long term, reported in the following categories;

(a) Skilled nursing facility beds certified under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and which are not licensed under Chapter 3721. of the Revised Code;



(b) Nursing facility beds certified under Title XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and which are not licensed under Chapter 3721. of the Revised Code;

(c) Nursing facility beds certified under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and Title XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and which are not licensed under Chapter 3721. of the Revised Code;  
or

(d) Special skilled nursing beds certified as skilled nursing facility beds under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) that were originally authorized by and are operated in accordance with section 3702.521 of the Revised Code or its predecessor;

(12) Medical/surgical - general;

(13) Pediatric intensive care (beds in a separate and distinct pediatric intensive care unit where pediatric patients suffering from critical illness receive care);

(14) Pediatric - general (services for patients less than twenty-two years of age are provided);

(15) Physical rehabilitation;

(16) Psychiatric care;

(17) Special care.

(D) The number of inpatient discharges for each of the following categories:

(1) Discharges to home, without referral to home care or hospice services;

(2) Discharges to home, with a referral to home care services;



- (3) Discharges to home, with a referral to hospice care program;
  - (4) Transfers to inpatient service of a hospice care program;
  - (5) Transfers to other hospitals;
  - (6) Transfers to a home licensed as a nursing home under Chapter 3721. of the Revised Code or a facility certified under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981);
  - (7) Total patients expired in the hospital; and
  - (8) Total patients discharged.
- (E) The number of employees, including contract employees and employees shared with another hospital within the same hospital system, by employee type within each of the hospital service categories listed below. Report the number of employees in each type providing patient care services. Report the number of employees as total number of employees and total full-time equivalents.
- (1) Physician services including interns, residents, salaried physicians, and contracted physicians;
  - (2) Dental services including dentists and dental residents;
  - (3) Nursing services including registered nurses, certified nurse practitioners, clinical nurse specialists, certified nurse midwives, certified registered nurse anesthetists (CRNA), licensed practical nurses, and nursing assistants;
  - (4) Pharmacy services including pharmacists and pharmacy technicians;
  - (5) Clinical laboratory including medical technologists, medical technicians and other licensed or certified laboratory personnel;



- (6) Dietary services including registered or licensed dietitians and dietetic technicians;
  - (7) Radiological services including technologists, technicians, and other licensed or certified radiological personnel;
  - (8) Therapeutic services including occupational therapists, physical therapists, physician assistants, respiratory therapists, speech/audiology therapists, and medical social workers;
  - (9) Mental health services including psychologists and psychiatric social workers; and
  - (10) All other services to include certified or licensed health professional and technical personnel.
- (F) Numbers of medical staff delineated by primary area of specialization and category as follows:
- (1) Area of specialization:
    - (a) Medical: allergy/immunology, anesthesiology, cardiology, dentistry, dermatology, emergency medicine, family practice, gastroenterology, internal medicine, general practice, hematology, neonatology neurology, nuclear medicine, obstetrics and gynecology, oncology, ophthalmology, otorhinolaryngology, pathology, pediatrics, physical medicine, podiatry, psychiatry, radiology, rheumatology, urology, general medicine rotation program, and any other medical specialty; or
    - (b) Surgical: cardiovascular, colon and rectal, general neurological, orthopedic, plastic, thoracic, surgery rotation program, and any other surgical specialty.
  - (2) Categories:
    - (a) Active and associate medical staff;
    - (b) Active and associate medical staff who are board certified;
    - (c) House staff;





(d) House staff who are in training positions approved by the accreditation council of graduate medical education or the American osteopathic association; and

(e) House staff who are in training positions approved by the American dental association.

(G) County (or state if other than Ohio) of residence of patients at the time of admission, reported in the aggregate.