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Design and Methodology of the 1967 Master Facility Inventory Survey

A description and evaluation of the 1967 survey, which updated the original Master Facility Inventory, together with a summary of the Inventory's early development.

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PREFACE

One of the responsibilities of the National Center for Health Statistics is to gather comprehensive statistics on all types of health facilities and services. The Master Facility Inventory (MFI), which is a statistical program of data collection of all inpatient health facilities, develops a list of such health facilities. A continuing effort is made to keep this list current. To this end, a survey of the MFI is conducted biennially, and an Agency Reporting System (ARS) has been developed to provide information on new institutions.

The maintenance of the MFI was made possible through the cooperation of many individuals who completed questionnaires in a 1967 mail survey of inpatient health facilities, and of a number of agencies which provided lists of health facilities from which the mailing list for the survey was compiled. Their cooperation is gratefully acknowledged.

In this survey of hospitals and inpatient facilities conducted by the National Center for Health Statistics (NCHS), assurance was given that "the statistics will be presented in such a manner that no individual facility can be identified." Therefore NCHS will not publish a directory of establishments.

The U.S. Bureau of the Census made especially valuable contributions to the 1967 MFI Survey, which included such operations as matching the names of hospitals and institutions on different lists to eliminate duplicates and the collection of data from establishments to determine their current status and nature of business.

Overall plans for the 1967 MFI survey, including the development of procedures and general specifications for collating lists and surveying establishments, were the responsibility of the National Center for Health Statistics and were developed under the supervision of Peter Hurley with the assistance of James DeLozier.

This report was prepared by G. Gloria Hollis.

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IN THIS REPORT is a detailed description of the procedures used in 1967 by the National Center for Health Statistics (NCHS) in a survey to update the Master Facility Inventory (MFI).

The MFI is a comprehensive file of inpatient health facilities such as hospitals, nursing care and related homes, and selected custodial and correctional institutions in the United States.

In order to keep the data in the file current, biennial mail surveys are conducted of all facilities in the MFI.

In addition to a summary of the development of the MFI, this report gives a sequential account of how the 1967 survey was conducted and attempts an evaluation of the results of the survey.

DESIGN AND METHODOLOGY OF THE 1967 MFI SURVEY

DESCRIPTION OF THE MASTER FACILITY INVENTORY

Explanation of the MFI

The Master Facility Inventory is a comprehensive file of those facilities in the United States which provide medical, nursing, personal, or custodial care to groups of unrelated persons on an "inpatient" (at least overnight) basis. It also includes certain residential training facilities and correctional institutions. (For convenience, the term inpatient facilities or simply facilities is used to mean all types of places in scope for the MFI.)

In order to keep the MFI current, the entire list of inpatient health facilities is surveyed biennially to update the data NCHS has.

At the time of the 1967 survey, the MFI included the following types of places:

1. Hospitals with six or more beds.
2. Establishments which provide nursing or personal care to the aged, infirm, or chronically ill. These include such places as nursing homes, convalescent homes, homes for the aged, rest homes, boarding homes for the aged, and homes for the needy such as almshouses, county homes, and "poor" farms. In addition to having three or more beds, the primary criterion for determining if such establishments are in-scope for the MFI is their function of providing some kind of care in addition to room and board. See appendix II for a

detailed description of the criteria used for classifying nursing, personal, or domiciliary care homes.

3. Residential schools or homes for the deaf.
4. Residential schools or homes for the blind.
5. Homes for unwed mothers.
6. Orphan asylums and homes for dependent children.
7. Homes for crippled children.
8. Homes for incurables.
9. Residential schools or detention homes for juvenile delinquents.
10. Prisons, reformatories, and penitentiaries operated by the Federal or State governments. (The MFI excludes county or municipal jails.)

The MFI does not include special dwelling places or group quarters such as hotels, private residential clubs, fraternity or sorority houses, monasteries, nurse's homes, "flophouses," labor camps, etc.

The MFI is maintained on computer tape and contains the name, address, geographic area code, and basic descriptive data of each facility. The data for hospitals include ownership or control, major service area, limitation of patients by age and/or sex (if any), number of beds, average length of stay, average daily patient census, and number of admissions. For nursing homes, the data include ownership or control, type of facility, limitation of patients by age and/or sex (if any), and number of beds. For other facilities, the data include ownership or control, type of facility, limitation of inmates by age and/or sex

(if any), and number of persons who stayed in the facility. All data in the MFI are obtained directly from the facilities through mail surveys.

Purposes of the MFI

The MFI has two basic purposes. It is an important national source of statistics on the number, type, and geographic distribution of inpatient facilities in the United States. In addition, it serves as the universe from which probability samples may be selected for conducting sample surveys.

Background

The MFI was first assembled during 1962-1963. During this time a series of mail surveys were conducted after succeeding stages of development to determine the current status and nature of the places added to the MFI. Facilities were also added during 1964 and 1965. Up to the time of the 1967 MFI survey, the MFI had been used as the sampling frame for three major surveys—the Hospital Discharge Survey, the Resident Places Survey 1, and the Resident Places Survey 2. (Further information on the MFI, its purposes, and its development from the 1962-1963 surveys may be found in NCHS publication Series 1-No. 3).^a

One of the difficulties with this developmental stage of the MFI had been the lack of any means of updating the file. As changes rapidly occur among inpatient health facilities, it was necessary to develop some means to keep the MFI current so that the Center would have accurate data on these facilities. In addition, since the MFI is used as the universe from which probability sample surveys are drawn, it is imperative that it be an up-to-date list of facilities, properly classified and accompanied by critical identifying attributes, such as number of beds.

Therefore two methods have been developed to keep the MFI current. The first of these, the

^a National Center for Health Statistics: Development and maintenance of a national inventory of hospitals and institutions. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 3. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1965.

Agency Reporting System, is a program for determining the names and addresses of all newly established inpatient health facilities. The second is a continuing series of biennial surveys of the MFI to gather current data on the facilities.

During 1966-1967, the MFI was first updated with the Agency Reporting System, by using lists and directories of hospitals and resident facilities provided by various city, State, and Federal Government agencies. In August 1967, the second method of updating was initiated, with a survey of all MFI establishments, using a mailing list complete as of January 1, 1967.

This report will describe in detail the methodology of the 1967 MFI survey, the first of the biennial updating surveys, and attempt an objective evaluation of the results.

The Agency Reporting System

An increasing number of new hospitals and institutions begin operation each year, many go out of business, and ownerships, names, and services offered to patients change frequently. This is particularly true with regard to nursing and personal care homes, which comprise more than half of the MFI. Therefore, as mentioned above, some updating procedure was necessary between the biennial MFI surveys if the inventory was to remain complete for any length of time.

The main concern in updating the file was to identify new facilities. Other changes, such as name and address changes and facilities going out of business, could be made through direct contact with the facilities in the biennial surveys of the MFI.

It was decided that an input system at the State level was needed to keep the MFI abreast of these changes because nearly all facilities in the MFI are regulated or controlled by one or more State agencies. This decision led to the development of the Agency Reporting System (ARS), which includes State agencies which administer, regulate, certify, approve, list, or are otherwise concerned with medical and resident care facilities; national voluntary organizations and Federal and State agencies, including health, welfare, and voluntary religious organizations; publishers of commercial directories; and Federal agencies that administer inpatient facilities.

At regular intervals, these agencies send the Center lists of new facilities to be added to the MFI. These lists contain such information as name, address, type of institution, and ownership.

The ARS is subdivided into two information files. A Basic Information File is maintained to record information about each type of facility within each State. The Basic Information File provides information from each State and the District of Columbia on each type of facility listed in the MFI and also on the lists from which each type of facility is enumerated.

The Reporting Information File is maintained to assist in mailing letters and recording responses from each of the agencies in the ARS. It is a control record of "who" sent in "what," "when." For a detailed account of the development of the ARS, see NCHS publication Series 1, No. 6.^b

1967 MFI SURVEY

Introduction

The 1967 MFI survey was conducted during August-December 1967 by the National Center for Health Statistics with the Bureau of the Census acting as collecting agent. It was a mail survey consisting of an original mailing, two mail followup inquiries to those facilities that did not respond to the previous mailings, and an intensive telephone and personal visit followup to those facilities that still had not replied after all three mailings. Questionnaires were sent to 44,097 addresses; 31,292 were considered actively engaged in providing inpatient care at the time of the survey, of which 29,269 (or 94 percent) facilities returned the questionnaires. The remaining 6 percent either refused to respond or were never heard from during the repeated followups.

^b National Center for Health Statistics: The agency reporting system for maintaining the national inventory of hospitals and institutions. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 6. Public Health Service, Washington, U.S. Government Printing Office, Apr. 1968.

Survey Objective

The primary objective of the survey was to collect current statistical data from those facilities in the MFI that were in business. In addition, the NCHS wished to have sufficient data available from each facility to enable use of the MFI as an efficient sampling frame for sample surveys of hospitals and other medical and paramedical inpatient facilities. Toward these ends, the survey was designed to:

1. Obtain current statistical data from each facility.
2. Obtain adequate identification information to eliminate duplication within the MFI and to enable easy identification and location of each facility. A facility may be known by two different names, which might lead to inclusion of the facility on a list under each name. If other data, such as address, type of service, etc., were available and could be compared in such instances, it would be possible to eliminate duplicates.
3. Obtain maximum response in order that the MFI might be as complete as possible.
4. Obtain data to classify each facility for sample survey stratification. For example, the type of facility, such as long term hospital or personal care home, and the bed size are variables often used in sample stratification.

Mailing List

The mailing list for the 1967 MFI survey was assembled as follows: Through the Agency Reporting System, the NCHS contacted some 350 government and nongovernment agencies which maintain lists or directories of facilities within the scope of the MFI and requested a copy of their lists. Most were State government agencies. All lists and directories were then clerically merged, along with the 1963 MFI, to produce a single large list, as free from duplicates as possible.

The names and addresses on the list were edited to a standard format, put onto punch cards, and subsequently put onto computer tape in fixed field records. This latter procedure greatly facilitated the matching of names and addresses to eliminate duplicates, which was done by computer and, when a further clerical check was necessary, by clerks. The telephone number, number of beds, and owner's name were included on the tape record of each facility for use during the 1967 survey. At the time the mailing list was compiled, each facility was classified into one of three broad categories: (1) hospitals; (2) nursing, personal care, and domiciliary homes; and (3) penal, custodial, and training facilities.

The classifications were generally based on the facility's name or function or other information available from the lists and directories used in compiling the final mailing list. Thus, a hospital was defined as a facility licensed by the State as a hospital or operated as a hospital by a Federal or State agency. Facilities which provide some form of nursing, personal, or domiciliary care were classified according to the primary service provided. (See "Facility Classification," p. 10.) Penal, custodial, and training facilities were defined as establishments which provide services such as training and sheltered care rather than medical or nursing care. This general classification subsequently determined which of the three types of questionnaires these facilities were sent.

Survey Questionnaires

Because of the heterogeneity of the facilities in the MFI, and the consequent need to obtain somewhat different information from the various types of facilities, three different questionnaires were used in the 1967 MFI survey. The three different forms were designed to survey each of the three broad classifications mentioned above, i.e., (1) hospitals; (2) nursing, personal care, and domiciliary care homes; and (3) other inpatient health facilities, i.e., custodial, training, and Federal or State penal facilities. (See appendix I for copies of these forms.) For brevity, the three classifications are hereafter referred to respectively as "hospital," "nursing home," and "other." In order to simplify the survey operation,

the three questionnaires were made as nearly the same as practicable, and, in general, they differ only in a few questions.

Each of the three forms requests a considerable amount of identification information in section A. This section was designed to obtain information which will assure that the facilities are properly represented in the MFI and are listed only once. Name, mailing address, location address, zip code, and telephone number were requested. Cross-checking these items as the survey returns were processed kept duplication to a minimum.

Sections B and C differ slightly among the forms. On all three types, however, these sections were designed to obtain some basic data for national statistics on inpatient facilities and to stratify the MFI for sample selection.

The final question on each of the three forms was used to detect facilities missing from the MFI. It requests that the owner of the responding facility provide the names of all other facilities he owns. All names and addresses thus reported during the survey were searched on the mailing list and a questionnaire immediately sent to those not found.

To the extent possible, the three questionnaires were precoded to simplify the data processing operations; that is, a number was printed beside the answer boxes of most questions. The numbers were then used as the coded answers to be punched directly from the questionnaire.

All three types of forms were kept as brief as possible since maximizing the response rate was an important survey objective. Only information absolutely essential to the survey's objectives was requested.

Pretest

The questionnaires and mailing procedures planned for the 1967 MFI survey were pretested during March and April 1967. Approximately 350 facilities were chosen at random for the pretest in seven States, and an additional 100 facilities were selected in Boston and New Orleans. Questionnaires were mailed March 1, 1967, and a followup inquiry was mailed to nonrespondents 2 weeks later. Personal visit interviews were conducted 1 week later in 23 facili-

ties in New Orleans and in 18 facilities in Boston in an attempt to evaluate the questionnaire and survey procedure. Facilities representing all three major classifications of the MFI were visited in these two cities. Some had responded to the pretest inquiry and some had not.

Four weeks after the pretest was initiated, about 90 percent of the facilities had responded to either the initial mailing or to the followup inquiry. Due to the lack of problems encountered by the responding facilities in completing the questionnaires and to the low nonresponse rate of 10 percent, a second followup mail inquiry was not sent. The personal visit evaluations also indicated that, generally, the questionnaires were clearly understood, and could be quickly and easily completed so that only minor changes were needed for use in the national survey.

Survey Operations

Timing of mailouts

The 1967 MFI survey was launched August 4, 1967. Questionnaires were mailed from the Jeffersonville, Indiana, office of the Bureau of the Census.

Following the initial mailing, there were two mail followup inquiries to nonrespondents. The first, consisting of a reminder letter and a copy of the questionnaire, was sent by regular mail

to nonrespondents 3 weeks after the initial mail-out. At that time, 23,372 questionnaires had been returned either by respondents or by the Post Office as undeliverable. The second followup inquiry, sent 5 weeks after the initial mailing, also consisted of a reminder letter and a copy of the questionnaire. It was sent by certified mail to the 13,014 facilities which had not responded at that time.

The final followup procedure for nonresponding facilities was an interviewer followup conducted in late September 1967 by the various field offices of the Bureau of the Census. It consisted of telephone calls and/or personal visits to the 2,864 facilities not yet heard from.

Table A shows the cumulative number and percent of survey returns at selected intervals during the survey period.

Clerical editing, coding, and punching procedures

As the returned questionnaires were received in Jeffersonville, they were sorted clerically by the three types of questionnaires. Those forms returned by the Post Office and those returned by the respondent as out of business, out of scope of the MFI, etc., were coded as such and received no further editing. "Good returns," i.e., those from facilities in operation and in scope of the MFI, were carefully edited by trained clerks following specific written editing and coding in-

Table A. Number and percent of questionnaires received during each of the stages of the survey

Date	Total number of questionnaires mailed	Questionnaires completed and returned	
		Cumulative number received to date	Cumulative percent of total mailout
August 4, 1967-----	44,097	-	-
August 25, 1967 (first followup)-	20,725	23,372	53.0
September 8, 1967 (second followup)-----	13,014	31,083	70.5
September-October 1967 (Census field followup)-----	2,864	41,233	93.5

structions. In general, the instructions were designed to:

- Determine that all key items were completed properly. For hospitals, these items were: ownership, type of service, age of patients, bed size, average length of patient stay, admissions, full-time and part-time staff. For nursing care and related homes, the key items were: ownership, type of service, bed size, number of persons who stayed in the facility "last night," number of persons receiving nursing care, type of services offered, and full-time staff. For other facilities, the key items were: ownership, type of service, age of patients, number of persons who stayed in the facility "last night," and full-time staff.
- Assure that the facility for which the questionnaire was completed was in scope of the MFI.
- Detect any inconsistencies or unreasonable entries.
- Assure that the form contained information for one and only one facility.
- Determine from the identification information that the reporting facility was not already on the MFI.
- Prepare the questionnaires so that all data could be easily punched onto cards directly from the questionnaire.

When key questions were not completed on a questionnaire, the form was said to have "failed edit." As it was necessary that data be available for these key questions, the following procedures were used:

For hospitals, the missing data were usually obtained from the 1967 "Hospitals Guide Issue" of the *Journal of the American Hospital Association*.^c

For nonregistered hospitals and for nursing homes and "other" facilities, missing data were requested from the responding facility by sending them a fail-edit questionnaire requesting only

^c American Hospital Association: Hospitals guide issue, part 2. J.A.H.A. Chicago, Aug. 1967.

the specific information needed. (Fail-edit forms are reproduced in appendix I.) For those facilities not returning the fail-edit inquiry, data were imputed from various other sources when available or were coded as unknown. These "unknowns" were then mechanically imputed at a later stage of editing.

If a facility was misclassified when the mailing list was prepared and returned an incorrect type of questionnaire, the proper form was usually mailed with an explanatory note. In some instances this was not necessary because enough data were available on the returned incorrect form to complete the correct one. Most mistakes of this type were made when the hospital form was sent to a nonhospital facility. Of 227 forms of the wrong type sent, 188 were hospital forms, 19 were nursing home forms, and 20 were other forms. Many of these mistakes were attributable to the initial inclusion of all mental facilities in the "hospitals" category. This meant that some homes for the mentally retarded were sent the hospital form. Many of them returned their form with the remark that they are not a hospital. These homes were then sent the "other" form.

After the questionnaires went through the clerical editing and coding process, the data were punched onto cards and subsequently put onto computer tape. The effective cut-off date for survey returns was November 17, 1967. All editing, coding, and keypunching, however, was not completed until January 1968, and questionnaires received after the cut-off date were processed when time permitted.

By January 31, 1968, all survey operations being done by the Bureau of the Census had been completed. At that time, the NCHS received from the Bureau of the Census computer tapes containing a data record for each of the 44,097 facilities on the original survey mailing list. The data records for those places found to be out of business, out of scope, not responding after repeated contact, etc., contained only a code indicating such, along with the facility's name and address. For those responding facilities which were in scope of the survey and in business, the data records included the name(s), address(es), and virtually all of the information provided by the respondent on the survey questionnaire.

Machine edit and imputations

A second edit of the MFI data was then done, this time by NCHS computer processing. This edit was rather extensive and was intended to detect inconsistencies, unreasonable data, clerical errors, and keypunching mistakes made when the data were punched onto cards from the questionnaires. The questionnaires for those facilities which had one or more data items that failed to meet the editing specifications were reexamined and necessary corrections were made to the data tape records.

The following are some of the types of editing done by computer processing, along with specific examples of each:

Numeric items (such as number of beds, full-time employees, etc.) were examined to see that they did not exceed a specified maximum size beyond which the data would be questionable.

Example: Homes for dependent children with more than 200 residents were checked for accuracy by referring back to the entry on the questionnaire.

Numeric items were compared with other related numeric items for the facility.

Example: Hospital questionnaires were reexamined when the average daily inpatient census was greater than 110 percent of the number of beds or less than 10 percent of the number of beds.

Coded items (items such as type of ownership, where a numerical entry represents the respondent's answer) were checked to see that they fell within the range of permissible numbers. Anything other than the specific allowable codes was an erroneous entry.

All of the above edit checks required reexamination of the questionnaires when an error was detected by the computer. An additional type of edit was performed, however, which made changes in the data automatically without the need of looking at questionnaires. Some examples of these types of edit checks are:

- All facilities responding to the nursing home questionnaire and indicating that they were responsible for room and board only are out-of-scope of the MFI and were made so.
- Adult penal institutions not owned by a State or the Federal Government were made out-of-scope, i.e., county or municipal jails.
- Hospitals and nursing homes with less than the minimum number of beds required for inclusion in the MFI (i.e., six beds for hospitals and three beds for nursing homes) were arbitrarily made out of scope.

The final computer editing procedure was to impute all of the key items still unknown. The imputations for unknown items for a facility were based on the available data for the responding facilities on the MFI with the same ownership, type of service, and approximately the same bed size. As an example, to impute an unknown number of employees in a privately owned nursing home with less than 25 beds, a ratio of employees to beds was calculated using the data for all responding privately owned nursing homes with less than 25 beds in the MFI. The value then used as the facility's number of employees was equal to the calculated ratio for all privately owned nursing homes with less than 25 beds times the number of beds in the facility having an unknown number of employees. Thus, if the ratio was 1:4 and a facility had 12 beds but an unknown number of employees, the number of employees was imputed as three ($\frac{1}{4} \times 12$).

All mechanical imputations were based on such critical items as the number of beds or residents the facilities have. Because of this, the question on number of beds was given particular attention throughout the editing process and a value was never imputed arbitrarily, that is, each facility that had this item imputed received individual attention. Number of beds maintained was obtained either from other items on the facility's questionnaire, a published list or directory of facilities (such as the AHA Hospitals Guide Issue or the Directory of the American Osteopathic Hospital Association), the 1963 MFI, or by corre-

spondence with the State agency responsible for licensure of the facility.

In all instances where data were obtained from a source other than the facility itself, the source of the imputed data was coded and kept as part of the data record for the facility. A total of 16,480 imputations were made to the 12 items considered key data.

Table B shows the number and percent of missing items and the method of imputing information.

Table C gives the number of imputations made to missing items by each source of the imputed information. Through the utilization of all these sources of information, it was possible to complete all the key items on the questionnaires, using data that were not only characteristic of

these facilities individually but also were accurate on an overall statistical basis.

Of the seven sources of imputed information, the last two listed in table C need further explanation. The major source for addition of inpatient health facilities to the MFI is the Agency Reporting System (ARS), which is a program for determining on at least an annual basis the names and addresses of all newly established inpatient facilities. "The Agency Reporting System" (p. 2) explains the origin and functions of the ARS. When the ARS was used as the basis of imputed information for the MFI, reference was made to the appropriate facility directory, and the missing information for the facility was entered onto the tape record.

Table B. Number and percent of missing items and method of imputing data

Missing items	Number of possible entries	Total missing items		Data entered from clerical sources		Machine imputation	
		Number	Percent	Number	Percent	Number	Percent
<u>Hospital questionnaire</u>							
Type of service-----	8,147	4,704	58	4,089	50	615	8
Number of physicians and dentists-----	16,294	2,752	17	1,423	9	1,329	8
Ownership-----	8,147	996	12	996	12	-	-
Number of beds-----	8,147	887	11	284	3	603	7
Admissions in 1966-----	8,147	595	7	356	4	239	3
Average length of stay-----	8,147	482	6	426	5	56	1
Age limitation-----	8,147	305	4	212	3	93	1
<u>Nursing home questionnaire</u>							
Ownership-----	19,141	2,410	13	2,410	13	-	-
Full-time staff-----	38,282	581	2	54	-	527	1
Persons receiving care-----	19,141	517	3	6	-	511	3
Type of facility-----	19,141	169	1	169	1	-	-
Number of patients-----	19,141	163	1	27	-	136	1
Services provided-----	153,128	96	1	19	-	77	1
Number of beds-----	19,141	38	-	38	-	-	-
<u>Other questionnaire</u>							
Ownership-----	3,298	1,055	32	1,055	32	-	-
Type of facility-----	3,298	209	6	209	6	-	-
Full-time staff-----	3,298	198	6	100	3	98	3
Age limitation-----	3,298	179	5	133	4	46	1
Number of persons-----	3,298	144	4	144	4	3	-

Table C. Number of imputations made to missing items by source of information

Missing items	Total of missing items	1967 AHA hospital guide issue	Directory of the American Osteopathic Hospital Association	1963 MFI	Other items on questionnaire	Original Agency Reporting System directory	Machine imputation
<u>Hospital questionnaire</u>							
Type of service-----	4,704	3,481	3	...	580	25	615
Number of physicians and dentists-----	2,752	1,400	1	...	22	...	1,329
Ownership-----	996	289	4	506	64	133	...
Number of beds-----	887	205	3	...	73	3	603
Admissions in 1966-----	595	331	2	1	21	1	239
Average length of stay--	482	406	2	...	18	...	56
Age limitation-----	305	188	1	...	23	...	93
<u>Nursing home questionnaire</u>							
Ownership-----	2,410	11	2	411	1,480	506	...
Full-time staff-----	581	2	...	...	52	...	527
Persons receiving care--	517	...	...	...	6	...	511
Type of facility-----	169	...	1	3	55	110	...
Number of patients-----	163	...	...	...	27	...	136
Services provided-----	96	...	1	...	18	...	77
Number of beds-----	38	...	...	...	37	1	...
<u>Other questionnaire</u>							
Ownership-----	1,055	320	40	519	68	108	...
Type of facility-----	209	...	...	...	146	63	...
Full-time staff-----	198	9	...	...	89	2	98
Age limitation-----	179	...	1	...	127	5	46
Number of persons-----	144	...	1	...	136	4	3

Machine imputations were made based on the number of beds or persons, ownership, and type of facility. Ratios were computed for the above classes for various characteristics of the reporting facilities. These ratios were then applied for each of the missing items. By this method, it was possible to impute numbers that were consistent with the size and type of facility.

As can be seen from table B, the ownership question on all three forms was poorly answered and required a large number of imputations. The problem was due to the respondents making multiple entries for this item, in which they not only checked the facility's ownership but also the type of agency responsible for its licensure.

Multiple entries was also the reason the item concerning type of service on the hospital

questionnaire required a large number of imputations. Instead of indicating their major service only, the hospitals tended to check all services they offered. These cases were resolved according to editing rules which took into consideration certain natural groupings and priorities. For example, if several varied types of services were checked the item was coded as "general," thus encompassing the several varieties checked. (As multiple entries were acceptable in the pretest, this problem had not arisen then.)

The item asking for the number of physicians and dentists on the hospital questionnaire was often left blank, accounting for the large number of imputations for this item.

Data for some facilities using the nursing home or other questionnaire were obtained from

the American Osteopathic Directory in those cases involving convalescent hospitals, extended care facilities, and mental retardation hospitals.

Facility Classification

Hospitals and "other" facilities

Each facility on the 1967 MFI is classified by its primary type of service according to the information provided on the survey questionnaire. In the case of hospitals and "others," the facilities are "self-classified," that is, the respondent's answer to the specific question requesting the primary type of service provided in his facility becomes its classification (question 10 on the hospital questionnaire and seven on the "other"). In those cases where the respondent checked nothing or more than one primary type of service, the type selected was determined by examining other data on the questionnaire, such as the facility's name, age and sex of patients, etc., or by consulting various lists and directories of facilities such as hospital licensure lists.

Nursing and personal care homes

The classification of nursing, personal care, and related homes is not so simple, however, since facilities calling themselves nursing homes do not necessarily provide nursing care as their primary type of service. Consequently, a scheme for refining the classification similar to that used in the 1963 MFI was adopted in the 1967 MFI. The scheme made it possible to classify nursing, personal, and domiciliary care homes uniformly into four groups according to the level of care provided to the residents.

The four classifications are defined as follows:

1. A nursing care home provides nursing care to 50 percent or more of its residents during the week prior to the day the questionnaire was completed and has at least one registered professional nurse or licensed practical nurse working 35 or more hours per week. Nursing services include nasal feeding, catheterization, irrigation, oxygen therapy, full bed bath, enema, hypodermic injection, intravenous injection, temperature-pulse-respiration, blood

pressure, application of dressing or bandage, or bowel and bladder retraining.

2. A personal care home with nursing provides nursing care to some, but less than 50 percent, of the residents or provides nursing care to more than 50 percent of the residents, but has no full-time RN's or LPN's on the staff.
3. A personal care home does not provide nursing care to any residents during the reference week but routinely provides three or more of the six personal services specified on the questionnaire (help with tub bath or shower, dressing, correspondence or shopping, walking or getting about, eating, and the provision of rub and massage).
4. A domiciliary care home provides care primarily to residents able to care for themselves. Such a home has an accepted responsibility for the personal well-being of its residents and provides personal services as needed. A domiciliary care home routinely provides one or two of the specified personal services and did not provide nursing care to any of its residents during the week prior to the day the questionnaire was completed.

See appendix II for a more detailed description of the classification system.

SURVEY EVALUATION

Response to the 1967 MFI

In any large survey undertaking such as the MFI, it is usually not feasible to obtain a reply from all the respondents or even to verify each one's existence. In the 1967 MFI, for example, 14,828 facilities either did not respond to our several inquiries, were found to be out of scope of the MFI (that is, did not meet the minimum bed size or definitional criteria or were out of business), or the questionnaires were returned by the Post Office as undeliverable for such reasons as unknown address, unclaimed, etc., as shown in table D.

The duplicates listed in table D were those facilities which were included more than once in the MFI listing and were therefore sent more than

Table D. Number and type of unusable questionnaires by type of facility: Master Facility Inventory, August 1967

Type of unusable questionnaires	Type of facility			
	Total	Hospital	Nursing home	Other
Total-----	14,828	3,487	10,088	1,253
<u>Out of scope</u>				
Duplicates-----	2,270	699	1,156	415
Didn't meet definitional criteria-----	5,312	1,678	3,368	266
Out of business-----	4,227	774	3,222	231
Under construction and temporarily out of business-----	133	33	64	16
<u>Nonresponse</u>				
Questionnaire not returned-----	730	90	523	117
Post Office returns				
Unknown-----	751	63	621	67
Unclaimed-----	172	10	153	9
Insufficient address-----	138	22	94	22
Other-----	232	27	173	32
Moved-----	883	91	714	78

one questionnaire. Included in these duplicates were 392 facilities which were either subunits of the responding facility (for example, a unit of a hospital complex located at a separate address), or conversely, a complex of which the responding facility was a part (for example, the administrative office for several nursing homes, each located at a different address).

The majority of the 5,312 facilities classified in table D as not meeting the definitional criteria were "hospitals" with less than six beds, "nursing homes" with less than three beds, or facilities that only provided room and board.

Questionnaires returned by the Post Office for reasons such as out of business, deceased, or demolished were included with those questionnaires returned by the addressees as being no longer in business. Included in the 730 nonresponse questionnaires were those that the facility returned to NCHS completely blank, refusals, and those sent to facilities that were never heard from in any manner.

Before calculating the response rate, all those facilities that were included in the MFI mailings but were later identified as out of scope were deleted. Using the resulting figures as the base, the response rates are 93.5 percent for the MFI in general, 97.4 percent for the hospital portion, 91.8 percent for nursing homes, and 93.8 percent for other facilities.

Although a great deal of effort was made to include in the MFI all existing hospitals with six or more beds and resident places with three or more beds, it is reasonable to assume that some proportion of these places, hopefully small, was missed. Those that were missed are those places which for some reason rarely appear on lists of institutions. They are probably marginal places, either in definition or in size. Also missing are those places which were judged to be out of scope of the MFI because they had fewer than the required number of beds, but which have since expanded in bed size.

APPENDIX I

FORMS

<p>FORM NHS-HRS-4 (H)^a (7-27-67)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS</p> <p>FOLLOW-UP INQUIRY Master Facility Inventory</p>	<p>FORM APPROVED BUDGET BUREAU NO. 68-S67036</p>
<p>Gentlemen:</p> <p>Thank you for returning the Master Facility Inventory questionnaire (Form NHS-HRS-4(H)).</p> <p>Some necessary information, however, was missing from the original form. Please supply the information for the items circled in red on the reverse side of this letter.</p> <p>After entering the necessary information, please return this form in the enclosed envelope which requires no postage.</p> <p>We should appreciate your returning the completed form within three days.</p> <p>Sincerely yours, <i>A. Ross Eckler</i> A. Ross Eckler Director Bureau of the Census</p> <p>Enclosure</p>	

FOLLOW-UP INQUIRY

NOTE - Please complete the item(s) circled in red.

8. Please place an "X" in only ONE box for the type of organization operating your hospital. The type of organization legally responsible for the operation of the hospital. *Check only one*

- | | | |
|--|---|---------------------------|
| 11 <input type="checkbox"/> State | } | State-Local
Government |
| 12 <input type="checkbox"/> County | | |
| 13 <input type="checkbox"/> City | | |
| 14 <input type="checkbox"/> City - County | | |
| 15 <input type="checkbox"/> Hospital District | | |
| 16 <input type="checkbox"/> U.S. Public Health Service | } | Federal
Government |
| 17 <input type="checkbox"/> Armed Forces | | |
| 18 <input type="checkbox"/> Veterans Administration | | |
| 19 <input type="checkbox"/> Other Federal Agency
<i>Specify</i> _____ | | |
| 20 <input type="checkbox"/> Church related | } | Nonprofit |
| 21 <input type="checkbox"/> Nonprofit corporation | | |
| 22 <input type="checkbox"/> Other nonprofit | | |
| 23 <input type="checkbox"/> Individual | } | For profit |
| 24 <input type="checkbox"/> Partnership | | |
| 25 <input type="checkbox"/> Corporation | | |

11. Does your hospital serve: *Check only one*

- 1 Primarily children (under 21)
- 2 Primarily adults (21 or over)
- 3 Both children and adults
- 4 Other age limitation - *Specify* ↘

13. What is the total number of beds regularly maintained (set up and staffed for use), for inpatients?

Include beds in subunits of the hospital such as nursing home units. *Do not include* beds used exclusively for emergency services and bassinets in newborn nursery.

Total beds

14. What was the average length of patient stay (per discharge) in your hospital during calendar year 1966?

- 1 Less than 30 days
- 2 30 days or more

16. What was the number of inpatient admissions to your hospital during calendar year 1966?

Exclude newborn.

Total admissions

10. Please read all of the following TYPES OF SERVICES, then check the term(s) that best describes your hospital. *Indicate your major service area(s) only.*

- 31 General medical and surgical
- 32 Psychiatric
- 33 Mental deficiency or retardation
- 34 Geriatric
- 35 Tuberculosis
- 36 Orthopedic
- 37 Maternity
- 38 Eye, ear, nose and throat
- 39 Chronic disease
- 40 Epileptic
- 41 Alcoholic
- 42 Narcotic
- 43 Contagious disease
- 44 Rehabilitation center
- 49 Other - *Specify treatment area* ↘

19. Please give the number of full-time and part-time personnel currently ON THE PAYROLL of your hospital.

Include all donated services of members of religious orders. *Exclude* all trainees, private duty nurses and volunteers. (Full-time and part-time are defined below.)

Personnel	Full-time (35 hrs. or more per week)	Part-time (Less than 35 hrs. per week)
a. Number of physicians and dentists		
b. All other		
c. Total (a plus b)		

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

FOLLOW-UP INQUIRY
Master Facility Inventory



Gentlemen:

Thank you for returning the Master Facility Inventory questionnaire
(Form NHS-HRS-5(N)).

Some necessary information, however, was missing from the original
form. Please supply the information for the items circled in red on the
reverse side of this letter.

After entering the necessary information, please return this form in the
enclosed envelope which requires no postage.

We should appreciate your returning the completed form within three days.

Sincerely yours,

A handwritten signature in cursive script that reads "A. Ross Eckler".

A. Ross Eckler
Director
Bureau of the Census

Enclosure

FOLLOW-UP INQUIRY

NOTE - Please complete the item(s) circled in red.

6. Please place an "X" in only ONE box for the type of organization operating your facility. The type of organization legally responsible for the operation of the facility. *Check only one*

- | | |
|--|--------------------------|
| 11 <input type="checkbox"/> State | } State-Local Government |
| 12 <input type="checkbox"/> County | |
| 13 <input type="checkbox"/> City | |
| 14 <input type="checkbox"/> City - County | |
| 15 <input type="checkbox"/> Hospital District | |
| 16 <input type="checkbox"/> U.S. Public Health Service | } Federal Government |
| 17 <input type="checkbox"/> Armed Forces | |
| 18 <input type="checkbox"/> Veterans Administration | |
| 19 <input type="checkbox"/> Other Federal Agency
<i>Specify _____</i> | |
| 20 <input type="checkbox"/> Church related | } Nonprofit |
| 21 <input type="checkbox"/> Nonprofit corporation | |
| 22 <input type="checkbox"/> Other nonprofit | |
| 23 <input type="checkbox"/> Individual | } For profit |
| 24 <input type="checkbox"/> Partnership | |
| 25 <input type="checkbox"/> Corporation | |

7. Please read ALL of the following, then check the ONE term which best describes your facility.

- Check one only*
- 50 Nursing Home
 - 51 Convalescent Home
 - 52 Rest Home
 - 53 Home for the Aged
 - 54 Boarding Home for the Aged
 - 55 Home for Crippled Children
 - 56 Home for Needy
 - 57 Home for Incurables
 - 58 Home for the Mentally Retarded
 - 59 Other - Please describe →

10. What is the TOTAL NUMBER OF BEDS regularly maintained for patients or residents?

Include all beds set up and staffed for use whether or not they are in use at the present time.
Do NOT include beds used by staff or owners and beds used exclusively for emergency services.

Total beds

11. What is the total NUMBER OF PERSONS (patients or residents), who stayed in your facility last night? **Do NOT include** employees or owners.

Number of persons

12. During the past seven days, how many of the PERSONS in question 11 received "Nursing Care"? Consider that a person received "Nursing Care" if he received *any* of the following services:

- | | |
|-----------------------|------------------------------------|
| Nasal feeding | Temperature-pulse-respiration |
| Catheterization | Blood pressure |
| Irrigation | Application of dressing or bandage |
| Oxygen therapy | Bowel and bladder retraining |
| Full bed bath | |
| Enema | |
| Hypodermic injection | |
| Intravenous injection | |

Number of persons

13. Which of the following services are ROUTINELY provided? Check all that apply.

- 1 Supervision is provided over medications which may be self-administered
- 2 Medications and treatments are administered in accordance with physicians orders
- 3 Rub and massage
- 4 Help with tub bath or shower
- 5 Help with dressing
- 6 Help with correspondence or shopping
- 7 Help with walking or getting about
- 8 Help with eating

OR

- 9 Not responsible for providing any services except room and board - (If this box is checked no other box should be checked in question 13.)

14. What is the total number of full-time personnel on the payroll of this facility? Full-time personnel are those who usually work 35 hours or more per week.

Include owners, managers, and members of religious orders who work full-time whether on the payroll or not. **Do not include** volunteers, private duty nurses, and part-time employees.

TOTAL full-time personnel

Of the above personnel, how many are:

- a. Licensed registered nurses
- b. Licensed practical or vocational nurses.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

FOLLOW-UP INQUIRY
Master Facility Inventory

Gentlemen:

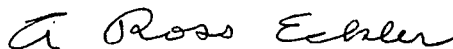
Thank you for returning the Master Facility Inventory questionnaire
(Form NHS-HRS-6(0)).

Some necessary information, however, was missing from the original
form. Please supply the information for the items circled in red on the
reverse side of this letter.

After entering the necessary information, please return this form in the
enclosed envelope which requires no postage.

We should appreciate your returning the completed form within three days.

Sincerely yours,



A. Ross Eckler
Director
Bureau of the Census

Enclosure

FOLLOW-UP INQUIRY

NOTE - Please complete the item(s) circled in red.

6. Please place on "X" in only ONE box for the type of organization operating your facility. The type of organization legally responsible for the operation of the facility. *Check only one*

- | | | |
|--|---|---------------------------|
| 11 <input type="checkbox"/> State | } | State-Local
Government |
| 12 <input type="checkbox"/> County | | |
| 13 <input type="checkbox"/> City | | |
| 14 <input type="checkbox"/> City - County | | |
| 15 <input type="checkbox"/> Hospital District | | |
| 16 <input type="checkbox"/> U.S. Public Health Service | } | Federal
Government |
| 17 <input type="checkbox"/> Armed Forces | | |
| 18 <input type="checkbox"/> Veterans Administration | | |
| 19 <input type="checkbox"/> Other Federal Agency
<i>Specify</i> _____ | | |
| 20 <input type="checkbox"/> Church related | } | Nonprofit |
| 21 <input type="checkbox"/> Nonprofit corporation | | |
| 22 <input type="checkbox"/> Other nonprofit | | |
| 23 <input type="checkbox"/> Individual | } | For profit |
| 24 <input type="checkbox"/> Partnership | | |
| 25 <input type="checkbox"/> Corporation | | |

8. Does your facility serve: Check only one

- 1 Primarily children (under 21)
- 2 Primarily adults (21 or over)
- 3 Both children and adults
- 4 Other age limitation - *Specify* → _____

10. What is the total NUMBER OF PERSONS (residents, patients or inmates), who stayed in this facility last night?
Do NOT include employees and proprietors.

Total persons

11. What is the total number of full-time personnel currently on the payroll of this facility?

Full-time personnel are those who work 35 hours or more per week.
Include owners, managers, and members of religious orders who work full-time whether on the payroll or not.

Total full-time personnel

7. Please read ALL of the following, then check the ONE term which best describes your facility.
Check one only

Sheltered care, custodial care and training facilities

- 70 Home or resident school for deaf
- 71 Home or resident school for blind
- 74 Home for unwed mothers
- 75 Orphanage
- 76 Home for dependent children
- 77 Home or school for physically handicapped
- 78 Home or resident school for mentally retarded
- 79 Home or resident school for emotionally disturbed
- 81 Other -
Describe _____

Correctional facilities

- 82 Training school for juvenile delinquents
- 83 Detention home, primarily for juvenile delinquents
- 84 Reformatory
- 85 Prison, jail, or penitentiary
- 86 Other correctional facility - *Describe* _____

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

MASTER FACILITY INVENTORY

Dear Sir:

The National Center for Health Statistics (NCHS) of the U.S. Public Health Service is assembling an up-to-date list of all facilities in the United States which provide some kind of medical, nursing, personal, domiciliary or custodial care.

This program is being conducted as a part of the U.S. National Health Survey, authorized by Public Law 652 84th Congress. The Bureau of the Census has been requested to act as collecting agent for the NCHS in compiling the list.

The purpose of this survey, in which you are being asked to participate, is to obtain current information, such as number of beds, staff size, and types of services provided, from each facility on the list. The information will be used to compile statistics on the number and kinds of such facilities in the United States.

Sections A and B of this form request verification of the name and address of the facility, type of service, type of ownership, staff size and capacity. Section C asks for additional information which is needed for detailed statistics on other characteristics of the facility. All information provided in Section C will be accorded confidential treatment by the Bureau of the Census and the Public Health Service and the statistics will be presented in such a manner that no individual facility can be identified.

For this purpose we are requesting that you complete this questionnaire for your facility and return it within five days in the enclosed postage-paid envelope. The questionnaire is very brief and should take only a few minutes to complete.

Thank you for your cooperation.

Sincerely yours,

A Ross Eckler

A. Ross Eckler
Director
Bureau of the Census

Enclosure

Section A - IDENTIFICATION OF FACILITY

Please refer to the mailing label above, then make all additions and corrections according to the questions below. Detailed identification information is needed to prevent duplicate listings and to assure that your facility is properly represented in our files. (Please type or print)

<p>① Is the NAME shown in the label above correct for your facility?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → Please line through name in label and enter correct name →</p>	<p>Correct name of facility if different from above</p>									
<p>② Is your facility known by any other NAMES(S)?</p> <p>1 <input type="checkbox"/> Yes → Please give other name(s) →</p> <p>2 <input type="checkbox"/> No</p>	<p>Other names of your facility</p> <p>-----</p>									
<p>③ Is the address shown in the label above the correct mailing address for your facility?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → Please line through address on label and give your entire correct mailing address.</p>	<table border="1"> <tr> <td>Number</td> <td>Street</td> <td>P.O. Box, route, etc.</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, route, etc.	City or town			County	State	ZIP Code
Number	Street	P.O. Box, route, etc.								
City or town										
County	State	ZIP Code								
<p>④ Is your mailing address also the ACTUAL LOCATION of your facility?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → Please give complete address for actual location of your facility.</p>	<table border="1"> <tr> <td>Number</td> <td>Street</td> </tr> <tr> <td colspan="2">City or town</td> </tr> <tr> <td>County</td> <td>State</td> </tr> <tr> <td colspan="2">ZIP Code</td> </tr> </table>	Number	Street	City or town		County	State	ZIP Code		
Number	Street									
City or town										
County	State									
ZIP Code										
<p>⑤ What is the telephone number of your facility?</p>	<table border="1"> <tr> <td>Area code</td> <td>Number</td> </tr> </table>	Area code	Number							
Area code	Number									

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

- a. Include in this report information for the facility named in the mailing label or for its successor if the name or owner has changed. Include information for one facility only, but report for the entire facility including infirmaries and other subunits.
- b. Due to name and address changes, duplicate listings in our file, or other reasons, you may have been sent more than one questionnaire under different names or addresses. If you receive more than one form for the same facility, complete one only and return all others with the notation "Completed and returned under . . . (give name of facility on completed form)."
- c. Answer all questions, please. Definitions and special instructions are given with the questions when needed.
- d. Return the completed questionnaire in the postage paid envelope provided, to: Jeffersonville Census Operations Office, 1201 East 10th Street, Jeffersonville, Indiana 47130.

Section B - CLASSIFICATION INFORMATION

<p>6 Please place an "X" in only ONE box for the type of organization operating your facility. The type of organization legally responsible for the operation of the facility. <i>Check only one</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> <p>11 <input type="checkbox"/> State</p> <p>12 <input type="checkbox"/> County</p> <p>13 <input type="checkbox"/> City</p> <p>14 <input type="checkbox"/> City - County</p> <p>15 <input type="checkbox"/> Hospital District</p> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">} State-Local Government</td> <td style="width: 50%;"></td> </tr> <tr> <td> <p>16 <input type="checkbox"/> U.S. Public Health Service</p> <p>17 <input type="checkbox"/> Armed Forces</p> <p>18 <input type="checkbox"/> Veterans Administration</p> <p>19 <input type="checkbox"/> Other Federal Agency <i>Specify</i> -----</p> </td> <td style="text-align: center; vertical-align: middle;">} Federal Government</td> <td></td> </tr> <tr> <td> <p>20 <input type="checkbox"/> Church related</p> <p>21 <input type="checkbox"/> Nonprofit corporation</p> <p>22 <input type="checkbox"/> Other nonprofit</p> </td> <td style="text-align: center; vertical-align: middle;">} Nonprofit</td> <td></td> </tr> <tr> <td> <p>23 <input type="checkbox"/> Individual</p> <p>24 <input type="checkbox"/> Partnership</p> <p>25 <input type="checkbox"/> Corporation</p> </td> <td style="text-align: center; vertical-align: middle;">} For profit</td> <td></td> </tr> </table>	<p>11 <input type="checkbox"/> State</p> <p>12 <input type="checkbox"/> County</p> <p>13 <input type="checkbox"/> City</p> <p>14 <input type="checkbox"/> City - County</p> <p>15 <input type="checkbox"/> Hospital District</p>	} State-Local Government		<p>16 <input type="checkbox"/> U.S. Public Health Service</p> <p>17 <input type="checkbox"/> Armed Forces</p> <p>18 <input type="checkbox"/> Veterans Administration</p> <p>19 <input type="checkbox"/> Other Federal Agency <i>Specify</i> -----</p>	} Federal Government		<p>20 <input type="checkbox"/> Church related</p> <p>21 <input type="checkbox"/> Nonprofit corporation</p> <p>22 <input type="checkbox"/> Other nonprofit</p>	} Nonprofit		<p>23 <input type="checkbox"/> Individual</p> <p>24 <input type="checkbox"/> Partnership</p> <p>25 <input type="checkbox"/> Corporation</p>	} For profit		<p>8 Does your facility serve: <i>Check only one</i></p> <p>1 <input type="checkbox"/> Primarily children (under 21)</p> <p>2 <input type="checkbox"/> Primarily adults (21 or over)</p> <p>3 <input type="checkbox"/> Both children and adults</p> <p>4 <input type="checkbox"/> Other age limitation - <i>Specify</i> -----</p> <hr style="border-top: 1px dashed black;"/> <p>9 Does your facility serve: <i>Check only one</i></p> <p>1 <input type="checkbox"/> Males only</p> <p>2 <input type="checkbox"/> Females only</p> <p>3 <input type="checkbox"/> Both males and females</p>
<p>11 <input type="checkbox"/> State</p> <p>12 <input type="checkbox"/> County</p> <p>13 <input type="checkbox"/> City</p> <p>14 <input type="checkbox"/> City - County</p> <p>15 <input type="checkbox"/> Hospital District</p>	} State-Local Government												
<p>16 <input type="checkbox"/> U.S. Public Health Service</p> <p>17 <input type="checkbox"/> Armed Forces</p> <p>18 <input type="checkbox"/> Veterans Administration</p> <p>19 <input type="checkbox"/> Other Federal Agency <i>Specify</i> -----</p>	} Federal Government												
<p>20 <input type="checkbox"/> Church related</p> <p>21 <input type="checkbox"/> Nonprofit corporation</p> <p>22 <input type="checkbox"/> Other nonprofit</p>	} Nonprofit												
<p>23 <input type="checkbox"/> Individual</p> <p>24 <input type="checkbox"/> Partnership</p> <p>25 <input type="checkbox"/> Corporation</p>	} For profit												
<p>7 Please read ALL of the following, then check the ONE term which best describes your facility. <i>Check one only</i></p> <p style="padding-left: 20px;">Sheltered care, custodial care and training facilities</p> <p>70 <input type="checkbox"/> Home or resident school for deaf</p> <p>71 <input type="checkbox"/> Home or resident school for blind</p> <p>74 <input type="checkbox"/> Home for unwed mothers</p> <p>75 <input type="checkbox"/> Orphanage</p> <p>76 <input type="checkbox"/> Home for dependent children</p> <p>77 <input type="checkbox"/> Home or school for physical handicapped</p> <p>78 <input type="checkbox"/> Home or resident school for mentally retarded</p> <p>79 <input type="checkbox"/> Home or resident school for emotionally disturbed</p> <p>81 <input type="checkbox"/> Other <i>Describe</i> -----</p> <p style="padding-left: 20px;">Correctional facilities</p> <p>82 <input type="checkbox"/> Training school for juvenile delinquents</p> <p>83 <input type="checkbox"/> Detention home, primarily for juvenile delinquents</p> <p>84 <input type="checkbox"/> Reformatory</p> <p>85 <input type="checkbox"/> Prison, jail, or penitentiary</p> <p>86 <input type="checkbox"/> Other correctional facility-<i>Describe</i> -----</p>	<p>10 What is the total NUMBER OF PERSONS (residents, patients or inmates), who stayed in this facility last night? <i>Do NOT include employees and proprietors.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;"></td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Total persons</td> </tr> </table> <p align="center">→ Please continue with question 11 in Section C.</p> <p>Comments</p>		Total persons										
	Total persons												

Section C – INFORMATION FOR STATISTICAL USE ONLY

11 What is the total number of full-time personnel currently on the payroll of this facility?
Full-time personnel are those who work 35 hours or more per week. *Include* owners, managers, and members of religious orders who work full-time whether on the payroll or not.

Total full-time personnel

13 What is the NAME of the person, corporation, or other organization which owns this facility?

Name

12 Does this facility maintain a hospital, infirmary or other medical unit?
1 Yes → Please answer a through f below for that unit.
x No → Go to 13

14 Does the owner of this facility own or operate any related or similar facility which is NOT included in this report?
For example, another facility of the type listed in question 7, or a hospital, nursing home, or other institution.

1 Yes 2 No → Go to 15

a. What type of unit is maintained?
1 Hospital
2 Infirmary
3 Other – Describe _____

↓
Please provide the following information for all other facilities owned.
Use the "Comments" section if additional space is needed, or attach a separate listing when available.

b. What type of service is provided in the unit?
1 Outpatient only
2 Inpatient only
3 Both inpatient and outpatient

Name of facility

c. Who is responsible for medical care in the unit?
Check one only
1 Physician
2 A registered nurse
3 Other – Specify _____

Type of facility

d. What is the total number of beds regularly maintained in the unit for inpatients?

Total beds

Address - Number and street

e. Are the admissions to this unit restricted to the patients, residents, inmates, or employees of this facility?
1 Yes 2 No

City

f. If the name or address for the unit is different than that for the facility, please give the correct name and address below.

State ZIP code

Name

Address – Number and street

City State ZIP code

15 Name of person completing this form

Title

Date

COMMENTS – General comments are invited as well as comments on specific items

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

MASTER FACILITY INVENTORY

Dear Sir:

The National Center for Health Statistics (NCHS) of the U.S. Public Health Service is assembling an up-to-date list of all facilities in the United States which provide some kind of medical, nursing, personal, domiciliary or custodial care.

This program is being conducted as a part of the U.S. National Health Survey, authorized by Public Law 652, 84th Congress. The Bureau of the Census has been requested to act as collecting agent for the NCHS in compiling the list.

The purpose of this survey, in which you are being asked to participate, is to obtain current information, such as number of beds, staff size, and types of services provided, from each facility on the list. The information will be used to compile statistics on the number and kinds of such facilities in the United States.

Sections A and B of this form request verification of the name and address of the facility, type of service, type of ownership, staff size and capacity. Section C asks for additional information which is needed for detailed statistics on other characteristics of the facility. All information provided in Section C will be accorded confidential treatment by the Bureau of the Census and the Public Health Service and the statistics will be presented in such a manner that no individual facility can be identified.

For this purpose we are requesting that you complete this questionnaire for your facility and return it within five days in the enclosed postage-paid envelope. The questionnaire is very brief and should take only a few minutes to complete.

Thank you for your cooperation.

Sincerely yours,

A. Ross Eckler

A. Ross Eckler
Director
Bureau of the Census

Enclosure

Section A - IDENTIFICATION OF FACILITY

Please refer to the mailing label above, then make all additions and corrections according to the questions below. Detailed identification information is needed to prevent duplicate listings and to assure that your facility is properly represented in our files. (Please type or print)

<p>① Is the NAME shown in the label above correct for your facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please line through name in label and enter correct name →</p>	<p>Correct name of facility if different from above</p>									
<p>② Is your facility known by any other NAMES(S)? 1 <input type="checkbox"/> Yes → Please give other name(s) → 2 <input type="checkbox"/> No</p>	<p>Other names of your facility -----</p>									
<p>③ Is the address shown in the label above the correct mailing address for your facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please line through address on label and give your entire correct mailing address.</p>	<table border="1"> <tr> <td>Number</td> <td>Street</td> <td>P.O. Box, route, etc.</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, route, etc.	City or town			County	State	ZIP Code
Number	Street	P.O. Box, route, etc.								
City or town										
County	State	ZIP Code								
<p>④ Is your mailing address also the ACTUAL LOCATION of your facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please give complete address for actual location of your facility.</p>	<table border="1"> <tr> <td>Number</td> <td>Street</td> </tr> <tr> <td colspan="2">City or town</td> </tr> <tr> <td>County</td> <td>State</td> </tr> <tr> <td colspan="2">ZIP Code</td> </tr> </table>	Number	Street	City or town		County	State	ZIP Code		
Number	Street									
City or town										
County	State									
ZIP Code										
<p>⑤ What is the telephone number of your facility?</p>	<table border="1"> <tr> <td>Area code</td> <td>Number</td> </tr> </table>	Area code	Number							
Area code	Number									

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

- a. Include in this report information for the facility named in the mailing label or for its successor if the name or owner has changed. Include information for one facility only, but report for the entire facility including infirmaries and other subunits.
- b. Due to name and address changes, duplicate listings in our file, or other reasons, you may have been sent more than one questionnaire under different names or addresses. If you receive more than one form for the same facility, complete one only and return all others with the notation "Completed and returned under . . . (give name of facility on completed form)."
- c. Answer all questions, please. Definitions and special instructions are given with the questions when needed.
- d. Return the completed questionnaire in the postage paid envelope provided, to: Jeffersonville Census Operations Office, 1201 East 10th Street, Jeffersonville, Indiana 47130.

Section B - CLASSIFICATION INFORMATION

<p>6 Please place an "X" in only ONE box for the type of organization operating your facility. The type of organization legally responsible for the operation of the facility. <i>Check only one</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px;">11</td> <td><input type="checkbox"/> State</td> <td rowspan="5" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="5" style="vertical-align: middle;">State-Local Government</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>13</td> <td><input type="checkbox"/> City</td> </tr> <tr> <td>14</td> <td><input type="checkbox"/> City - County</td> </tr> <tr> <td>15</td> <td><input type="checkbox"/> Hospital District</td> </tr> <tr> <td>16</td> <td><input type="checkbox"/> U.S. Public Health Service</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">Federal Government</td> </tr> <tr> <td>17</td> <td><input type="checkbox"/> Armed Forces</td> </tr> <tr> <td>18</td> <td><input type="checkbox"/> Veterans Administration</td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> Other Federal Agency <i>Specify _____</i></td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">Nonprofit</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> Church related</td> </tr> <tr> <td>21</td> <td><input type="checkbox"/> Nonprofit corporation</td> </tr> <tr> <td>22</td> <td><input type="checkbox"/> Other nonprofit</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">For profit</td> </tr> <tr> <td>23</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td>24</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td>25</td> <td><input type="checkbox"/> Corporation</td> <td></td> <td></td> </tr> </table>	11	<input type="checkbox"/> State	}	State-Local Government	12	<input type="checkbox"/> County	13	<input type="checkbox"/> City	14	<input type="checkbox"/> City - County	15	<input type="checkbox"/> Hospital District	16	<input type="checkbox"/> U.S. Public Health Service	}	Federal Government	17	<input type="checkbox"/> Armed Forces	18	<input type="checkbox"/> Veterans Administration	19	<input type="checkbox"/> Other Federal Agency <i>Specify _____</i>	}	Nonprofit	20	<input type="checkbox"/> Church related	21	<input type="checkbox"/> Nonprofit corporation	22	<input type="checkbox"/> Other nonprofit	}	For profit	23	<input type="checkbox"/> Individual	24	<input type="checkbox"/> Partnership	25	<input type="checkbox"/> Corporation			<p>7 Please read ALL of the following, then check the ONE term which best describes your facility. <i>Check one only</i></p> <ul style="list-style-type: none"> 50 <input type="checkbox"/> Nursing Home 51 <input type="checkbox"/> Convalescent Home 52 <input type="checkbox"/> Rest Home 53 <input type="checkbox"/> Home for the Aged 54 <input type="checkbox"/> Boarding Home for the Aged 55 <input type="checkbox"/> Home for Crippled Children 56 <input type="checkbox"/> Home for Needy 57 <input type="checkbox"/> Home for Incurables 58 <input type="checkbox"/> Home for the Mentally Retarded 59 <input type="checkbox"/> Other - <i>Please describe</i> → <hr style="border-top: 1px dashed black;"/> <p>8 Does your facility serve: <i>Check only one</i></p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> Primarily children (under 21) 2 <input type="checkbox"/> Primarily adults (21 or over) 3 <input type="checkbox"/> Both children and adults 4 <input type="checkbox"/> Other age limitation - <i>Specify</i> → <hr style="border-top: 1px dashed black;"/> <p>9 Does your facility serve: <i>Check only one</i></p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> Males only 2 <input type="checkbox"/> Females only 3 <input type="checkbox"/> Both males and females <hr style="border-top: 1px dashed black;"/> <p>10 What is the TOTAL NUMBER OF BEDS regularly maintained for patients or residents? <i>Include all beds set up and staffed for use whether or not they are in use at the present time. Do NOT include beds used by staff or owners and beds used exclusively for emergency services.</i></p> <p style="text-align: right;">Total beds</p>
11	<input type="checkbox"/> State	}			State-Local Government																																				
12	<input type="checkbox"/> County																																								
13	<input type="checkbox"/> City																																								
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25	<input type="checkbox"/> Corporation																																								

Section C - INFORMATION FOR STATISTICAL USE ONLY

<p>11 What is the total NUMBER OF PERSONS (patients or residents), who stayed in your facility last night? <i>Do NOT include employees or owners.</i></p> <p style="text-align: right;">Number of persons</p> <hr style="border: 1px solid black;"/>	<p>13 Which of the following services are ROUTINELY provided? <i>Check all that apply.</i></p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> Supervision is provided over medications which may be self-administered 2 <input type="checkbox"/> Medications and treatments are administered in accordance with physicians orders 3 <input type="checkbox"/> Rub and massage 4 <input type="checkbox"/> Help with tub bath or shower 5 <input type="checkbox"/> Help with dressing 6 <input type="checkbox"/> Help with correspondence or shopping 7 <input type="checkbox"/> Help with walking or getting about 8 <input type="checkbox"/> Help with eating <p align="center">OR</p> <p>9 <input type="checkbox"/> Not responsible for providing any services except room and board - (<i>If this box is checked no other box should be checked in question 13.</i>)</p>		
<p>12 During the past seven days, how many of the PERSONS in question 11 received "Nursing Care"? Consider that a person received "Nursing Care" if he received any of the following services:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Nasal feeding Catheterization Irrigation Oxygen therapy Full bed bath Enema Hypodermic injection Intravenous injection </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Temperature-pulse-respiration Blood pressure Application of dressing or bandage Bowel and bladder retraining </td> </tr> </table> <p style="text-align: right;">Number of persons</p> <hr style="border: 1px solid black;"/>	<ul style="list-style-type: none"> Nasal feeding Catheterization Irrigation Oxygen therapy Full bed bath Enema Hypodermic injection Intravenous injection 	<ul style="list-style-type: none"> Temperature-pulse-respiration Blood pressure Application of dressing or bandage Bowel and bladder retraining 	
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Section C - INFORMATION FOR STATISTICAL USE ONLY (Continued)

14 What is the total number of full-time personnel on the payroll of this facility? Full-time personnel are those who usually work 35 hours or more per week. *Include* owners, managers, and members of religious orders who work full-time whether on the payroll or not. *Do not include* volunteers, private duty nurses, and part-time employees.

TOTAL full-time personnel

Of the above personnel, how many are:

a. Licensed registered nurses

b. Licensed practical or vocational nurses

16 Does the owner of this facility own or operate any related or similar facility providing inpatient services which is NOT included in this report?

For example, another facility of the type listed in question 7 or a hospital, or other institution.

1 Yes

2 No → Go to 17

Please provide the following information for all other facilities owned. Use the "Comments" section if additional space is needed or attach a separate listing when available.

Name of facility

Type of facility

Address - Number and street

City

State

ZIP code

15 What is the NAME of the person, corporation, or other organization which owns this facility?

Name

17 Name of person completing this form

Date

Title

COMMENTS - General comments are invited as well as comments on specific items.

FORM NHS-HRS-4 (H) (6-14-57)	FORM APPROVED BUDGET BUREAU NO. 68-567036
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS	
MASTER FACILITY INVENTORY	

Dear Sir:

The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is assembling an up-to-date list of all facilities in the United States which provide some kind of medical, nursing, personal, domiciliary or custodial care.

This program is being conducted as a part of the U.S. National Health Survey, authorized by Public Law 652, 84th Congress. The Bureau of the Census has been requested to act as collecting agent for the NCHS in compiling the list.

The purpose of this survey, in which you are being asked to participate, is to obtain current information, such as number of beds, staff size, and types of services provided, from each facility on the list. The information will be used to compile statistics on the number and kinds of such facilities in the United States.

Sections A and B of this form request verification of the name and address of the facility, type of service, type of ownership, staff size and capacity. Section C asks for additional information which is needed for detailed statistics on other characteristics of the facility. All information provided in Section C will be accorded confidential treatment by the Bureau of the Census and the Public Health Service and the statistics will be presented in such a manner that no individual facility can be identified.

For this purpose we are requesting that you complete this questionnaire for your facility and return it within five days in the enclosed postage-paid envelope. The questionnaire is very brief and should take only a few minutes to complete.

Thank you for your cooperation.

Sincerely yours,
A. Ross Eckler
A. Ross Eckler
Director
Bureau of the Census

Enclosure

Section A - HOSPITAL IDENTIFICATION

Please refer to the mailing label above, then make all additions and corrections according to the questions below. Detailed identification information is needed to prevent duplicate listings and to assure that your hospital is properly represented in our files. *(Please type or print)*

1 Is the NAME shown in the label above correct for your hospital? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please line through name in label and enter correct name →	Correct name of hospital if different from above									
2 Is your hospital known by any other NAME(S)? 1 <input type="checkbox"/> Yes → Please give other name(s) → 2 <input type="checkbox"/> No	Other names of your hospital ----- -----									
3 Is the address shown in the label above the correct mailing address for your hospital? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please line through address on label and give your entire correct mailing address.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number</td> <td style="width: 40%;">Street</td> <td style="width: 35%;">P.O. Box, route, etc.</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, route, etc.	City or town			County	State	ZIP Code
Number	Street	P.O. Box, route, etc.								
City or town										
County	State	ZIP Code								
4 Is your mailing address also the ACTUAL LOCATION of your hospital? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please give complete address for actual location of your hospital.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number</td> <td style="width: 40%;">Street</td> <td style="width: 35%;">P.O. Box, route, etc.</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, route, etc.	City or town			County	State	ZIP Code
Number	Street	P.O. Box, route, etc.								
City or town										
County	State	ZIP Code								
5 What is the telephone number of your hospital?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Area code</td> <td style="width: 40%;">Number</td> <td style="width: 35%;"></td> </tr> </table>	Area code	Number							
Area code	Number									

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

Please read these instructions before completing Sections B and C.

- a. **HOSPITAL** as used in this form refers to homes and institutions for the mentally retarded and other mental facilities, medical units of nonhospital establishments (provided the units have one or more inpatient beds), as well as facilities generally recognized to be hospitals. If this facility is not a hospital please use the "Comments" section on page 4 to describe the facility and the services it offers and return the questionnaire.
- b. **Include** in this report data for your entire hospital and all parts, units, component institutions, etc. However, do not include any component or unit which has its own separate discharge procedures. The latter are to be considered separate facilities and should be reported in question 20. If you are in doubt about any unit, please include the unit and explain in the "Comments" section.
- c. **Answer all questions, please.** Definitions and special instructions are given with the question when needed. The reporting period used should be calendar year 1966. If another yearly period is used for completing this form, please indicate that period in the "Comments" section.
- d. Due to name and address changes, duplicate listings in our file, or other reasons, you may have been sent more than one questionnaire under different names or addresses. If you receive more than one form for the same hospital, complete one only and return all others with the notation "Completed and returned under . . . (give name of hospital on completed form)."
- e. **Return the completed questionnaire** in the postage-paid envelope provided, to: Jeffersonville Census Operations Office, 1201 East 10th Street, Jeffersonville, Indiana 47130.

Section B - CLASSIFICATION INFORMATION

<p>6 Is your hospital part of a GROUP OR SYSTEM of hospitals, e.g. medical center, city or nonprofit system? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ What is the name of the group or system? _____</p>	<p>9 Is your hospital owned by the same organization as indicated in question 8? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <i>Indicate the type of ownership</i> ↘ -----</p>																																								
<p>7 a. Is your hospital the health care facility for a larger nonhospital institution? 1 <input type="checkbox"/> Yes → Complete b and c. 2 <input type="checkbox"/> No → Go to 8 b. What is the name and address of the nonhospital institution? Name _____ Address - Number and street _____ City State ZIP code</p> <p>c. Are the admissions to the hospital usually restricted to residents or employees of the nonhospital institution? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>10 Please read all of the following TYPES OF SERVICES, then check the term(s) that best describes your hospital. Indicate your major service area(s) only.</p> <ul style="list-style-type: none"> 31 <input type="checkbox"/> General medical and surgical 32 <input type="checkbox"/> Psychiatric 33 <input type="checkbox"/> Mental deficiency or retardation 34 <input type="checkbox"/> Geriatric 35 <input type="checkbox"/> Tuberculosis 36 <input type="checkbox"/> Orthopedic 37 <input type="checkbox"/> Maternity 38 <input type="checkbox"/> Eye, ear, nose and throat 39 <input type="checkbox"/> Chronic disease 40 <input type="checkbox"/> Epileptic 41 <input type="checkbox"/> Alcoholic 42 <input type="checkbox"/> Narcotic 43 <input type="checkbox"/> Contagious disease 44 <input type="checkbox"/> Rehabilitation center 49 <input type="checkbox"/> Other - <i>Specify treatment area</i> ↘ ----- 																																								
<p>8 Please place an "X" in only one box for the type of organization operating your hospital. The type of organization legally responsible for the operation of the hospital. <i>Check only one</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px;">11</td> <td><input type="checkbox"/> State</td> <td rowspan="4" style="font-size: 2em; padding-left: 10px;">}</td> <td rowspan="4">State-Local Government</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>13</td> <td><input type="checkbox"/> City</td> </tr> <tr> <td>14</td> <td><input type="checkbox"/> City - County</td> </tr> <tr> <td>15</td> <td><input type="checkbox"/> Hospital District</td> <td></td> <td></td> </tr> <tr> <td>16</td> <td><input type="checkbox"/> U.S. Public Health Service</td> <td rowspan="4" style="font-size: 2em; padding-left: 10px;">}</td> <td rowspan="4">Federal Government</td> </tr> <tr> <td>17</td> <td><input type="checkbox"/> Armed Forces</td> </tr> <tr> <td>18</td> <td><input type="checkbox"/> Veterans Administration</td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> Other Federal Agency <i>Specify</i> _____</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> Church related</td> <td rowspan="3" style="font-size: 2em; padding-left: 10px;">}</td> <td rowspan="3">Nonprofit</td> </tr> <tr> <td>21</td> <td><input type="checkbox"/> Nonprofit corporation</td> </tr> <tr> <td>22</td> <td><input type="checkbox"/> Other nonprofit</td> </tr> <tr> <td>23</td> <td><input type="checkbox"/> Individual</td> <td rowspan="3" style="font-size: 2em; padding-left: 10px;">}</td> <td rowspan="3">For profit</td> </tr> <tr> <td>24</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td>25</td> <td><input type="checkbox"/> Corporation</td> </tr> </table>	11	<input type="checkbox"/> State	}	State-Local Government	12	<input type="checkbox"/> County	13	<input type="checkbox"/> City	14	<input type="checkbox"/> City - County	15	<input type="checkbox"/> Hospital District			16	<input type="checkbox"/> U.S. Public Health Service	}	Federal Government	17	<input type="checkbox"/> Armed Forces	18	<input type="checkbox"/> Veterans Administration	19	<input type="checkbox"/> Other Federal Agency <i>Specify</i> _____	20	<input type="checkbox"/> Church related	}	Nonprofit	21	<input type="checkbox"/> Nonprofit corporation	22	<input type="checkbox"/> Other nonprofit	23	<input type="checkbox"/> Individual	}	For profit	24	<input type="checkbox"/> Partnership	25	<input type="checkbox"/> Corporation	<p>11 Does your hospital serve: <i>Check only one</i></p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> Primarily children (under 21) 2 <input type="checkbox"/> Primarily adults (21 or over) 3 <input type="checkbox"/> Both children and adults 4 <input type="checkbox"/> Other age limitation - <i>Specify</i> ↘ -----
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25	<input type="checkbox"/> Corporation																																								

Section B – CLASSIFICATION INFORMATION (Continued)

<p>12 Does your hospital serve: <i>Check only one</i></p> <p>1 <input type="checkbox"/> Males only</p> <p>2 <input type="checkbox"/> Females only</p> <p>3 <input type="checkbox"/> Both males and females</p>	<p>14 What was the average length of patient stay (per discharge) in your hospital during calendar year 1966?</p> <p>1 <input type="checkbox"/> Less than 30 days</p> <p>2 <input type="checkbox"/> 30 days or more</p>
<p>13 What is the total number of beds regularly maintained (set up and staffed for use), for inpatients? <i>Include</i> beds in subunits of the hospital such as nursing home units. <i>Do not include</i> beds used exclusively for emergency services and bassinets in newborn nursery.</p> <p align="right">Total beds</p>	<p>15 What was the average daily patient census in your hospital during calendar year 1966? <i>Exclude newborn</i></p> <p align="right">Average daily patient census</p>
<p>16 What was the number of inpatient admissions to your hospital during calendar year 1966? <i>Exclude newborn.</i></p> <p align="right">Total admissions</p>	

Section C – INFORMATION FOR STATISTICAL USE ONLY

<p>17 Beds in Service Units –</p> <p>Please indicate below the number of inpatient beds regularly set up and staffed for use in each of the "service units" maintained by your hospital. Report for a designated service if a separate and distinct unit is regularly maintained for the service. Include component institutions, divisions, nursing home units, etc. The total should agree with the total bed count provided in question 13?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Service unit</th> <th style="width:20%;">Number of beds</th> </tr> </thead> <tbody> <tr><td>a. Medical/surgical (Include intensive care)</td><td></td></tr> <tr><td>b. Obstetrical</td><td></td></tr> <tr><td>c. Pediatric</td><td></td></tr> <tr><td>d. Psychiatric</td><td></td></tr> <tr><td>e. Mental retardation</td><td></td></tr> <tr><td>f. Tuberculosis</td><td></td></tr> <tr><td>g. Rehabilitation</td><td></td></tr> <tr><td>h. Chronic disease (Other than above)</td><td></td></tr> <tr><td>i. Nursing/convalescent</td><td></td></tr> <tr><td>j. All other</td><td></td></tr> <tr><td>k. Total beds (Sum of "a" through "j" should be same as number in question 13)</td><td></td></tr> </tbody> </table>	Service unit	Number of beds	a. Medical/surgical (Include intensive care)		b. Obstetrical		c. Pediatric		d. Psychiatric		e. Mental retardation		f. Tuberculosis		g. Rehabilitation		h. Chronic disease (Other than above)		i. Nursing/convalescent		j. All other		k. Total beds (Sum of "a" through "j" should be same as number in question 13)		<p>19 Please give the number of full-time and part-time personnel currently ON THE PAYROLL of your hospital. <i>Include</i> all donated services of members of religious orders. <i>Exclude</i> all trainees, private duty nurses and volunteers. (Full-time and part-time are defined below.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Personnel</th> <th style="width:20%;">Full-time (35 hrs. or more per week)</th> <th style="width:20%;">Part-time (Less than 35 hrs. per week)</th> </tr> </thead> <tbody> <tr><td>a. Number of physicians and dentists</td><td></td><td></td></tr> <tr><td>b. All other</td><td></td><td></td></tr> <tr><td>c. Total (a plus b)</td><td></td><td></td></tr> </tbody> </table>	Personnel	Full-time (35 hrs. or more per week)	Part-time (Less than 35 hrs. per week)	a. Number of physicians and dentists			b. All other			c. Total (a plus b)		
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<p>18 Do any of the "units" reported above have a name other than the name shown for the hospital in questions 1 and 2?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to 19</p> <p>Please give name and type of service for each such unit. Use page 4 for additional units.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">Name</td><td></td></tr> <tr><td>Type</td><td></td></tr> </table>	Name		Type		<p>20 Does the owner of your hospital own or operate any related or similar facility providing inpatient services which is NOT included in this report? For example, another hospital, a nursing home, a mental or other resident institution.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to 21</p> <p>Please provide the following information for all other facilities owned.</p> <p>Use the "Comments" section on page 4 if additional space is needed, or attach a separate listing when available. If additional facilities are too numerous to list, indicate the name and address where a complete list may be obtained.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name of facility</td></tr> <tr><td colspan="2">Type of facility</td></tr> <tr><td colspan="2">Address - Number and street</td></tr> <tr><td colspan="2">City</td></tr> <tr><td>State</td><td>ZIP code</td></tr> </table>	Name of facility		Type of facility		Address - Number and street		City		State	ZIP code																						
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<p>Title</p>																																					

COMMENTS — *General comments are invited as well as comments on specific items.*

APPENDIX II

DEFINITIONS AND CLASSIFICATION PROCEDURES

Criteria for Classifying Nursing, Personal or Domiciliary Care Homes

The criteria for classifying these types of institutions are based on several factors: (1) the number of persons receiving nursing care during the week prior to the day of the survey (nursing care is defined in "Definitions of Other Terms"), (2) administration of medications and treatments in accordance with physician's orders, (3) supervision over medications which may be self-administered, (4) the routine provision of the following criterion personal services: rub and massage, help with tub bath or shower, help with dressing, correspondence, shopping, walking or getting about, and help with eating, and (5) the employment of registered professional or licensed practical nurses. On the basis of these factors, four types of establishment were distinguished and are defined as follows:

Nursing care home.—An establishment is a nursing care home if nursing care is the primary and predominant function of the facility. Those meeting the following criteria are classified as nursing care homes in this report: One or more registered nurses or licensed practical nurses were employed, and 50 percent or more of the residents received nursing care during the week prior to the survey.

Personal care home with nursing.—An establishment is a personal care home with nursing if personal care is the primary and predominant function of the facility but some nursing care is also provided. If an establishment met either of the following criteria it was classified as a personal care home with nursing:

1. Some but less than 50 percent of the residents received nursing care during the week prior to the survey and there was one or more registered professional or licensed practical nurses on the staff.
2. Some of the residents received nursing care during the week prior to the survey, no registered nurses or licensed practical nurses were on the staff, but one or more of the following conditions were met:
 - A. Medications and treatments were admin-

istered in accordance with physicians' orders.

- B. Supervision over self-administered medications was provided.
- C. Three or more personal services were routinely provided.

Personal care home.—An establishment is a personal care home if the primary and predominant function of the facility is personal care, and no residents received nursing care during the week prior to the survey. Places in which one or more of the following criteria were met are classified as personal care homes in this report whether or not they employed registered nurses or licensed practical nurses.

1. Medications and treatments were administered in accordance with physician's orders, or supervision over medications which may be self-administered was provided.
2. Three or more of the criterion personal services were routinely provided.

Domiciliary care home.—A facility is a domiciliary care home if the primary and predominant function of the facility is domiciliary care but has a responsibility for providing some personal care. If the criteria for a nursing care home or personal care home are not met but one or two of the criterion personal services are routinely provided, the establishment is classified as a domiciliary care home in this report.

In the classification process, a criterion was considered as not having been met if the necessary information for that criterion was unknown. For instance, if the type of nursing staff was unknown for a particular place, it was considered as not having met the criteria of having one or more registered nurses or licensed practical nurses on the staff. Establishments indicating that some nursing care was provided, but not the number of persons to whom this care was provided, were considered as institutions providing nursing care to some but less than 50 percent of their patients or residents. Table I shows in detail the classification of the establishments.

Table I. Criteria for classification of establishments

Classification variables	Classification criteria																					
Percent of total residents who received nursing care during the week prior to day of study	50 percent or more				Some but less than 50 percent				None													
Number of registered or licensed practical nurses	1+		None		1+		None		1+				None									
Are medications or treatments administered in accordance with physician orders?	...	Yes	No		...	Yes	No		Yes	No		Yes	No									
Is supervision over self-administered medications provided?	...	...	Yes	No		...	...	Yes	No		...	Yes	No					
Are 3+ services offered?	...	...	...	Yes	No	...	...	...	Yes	No	...	...	Yes	No		
Are one or two services offered?	...	...	...	...	Yes	No	...	...	...	Yes	No	...	...	...	Yes	No
Is room and/or board the only service offered?	...	...	...	...	Yes	...	...	...	...	Yes	...	...	...	...	...	Yes
Classification	N	Pn	Pn	Pn	P	D	Pn	Pn	Pn	Pn	D	D	P	P	P	D	B	P	P	P	D	B

Legend: Nursing care home-----N
 Personal care home with nursing-----Pn
 Personal care home-----P
 Domiciliary care home-----D
 Boarding or rooming house(out of scope)-B

Definitions of Other Terms

Reporting unit.—The term "reporting unit" refers to the individual units which make up the Master Facility Inventory. The primary objective is to be able to classify places in MFI for any type of hospital or institutional survey that might be undertaken. To accomplish this objective a reporting unit is defined as the smallest organizational unit of an enterprise which provides services to persons whether on a profit or nonprofit basis, which has a separately assigned staff or work force, and which maintains separate books or administrative records. The reporting unit is usually at a single physical location, but may be composed of several subunits at different locations. In some instances the service provided in a reporting unit will be mixed, as, for example, in large psychiatric hospitals, which often have special wards for geriatric and tuberculosis patients as well as a general medical and surgical facility for the treatment of patients within the institution. Here, however, as with all other types of units in the Master Facility Inventory, the primary consideration for classi-

fication is the predominant type of service provided if the reporting unit is composed of persons receiving several types of services.

Short-stay and long-stay hospitals.—Hospitals are classified in the Master Facility Inventory in accordance with the average length of stay of patients discharged during the calendar year prior to the survey. A *short-stay hospital* is one with an average stay of less than 30 days. A *long-stay hospital* is one with an average length of stay of 30 or more days.

Bed.—For hospitals, a bed is defined as one which is regularly maintained (set up and staffed for use). Those used exclusively for emergency services and bassinets for newborn infants are not considered to be beds for the purpose of the Master Facility Inventory.

A bed in a nursing home or related facility is defined as one set up and regularly maintained for patients or residents. This excludes many beds maintained for staff and those used exclusively for emergency services.

Resident or inmate.—For the purpose of the Master Facility Inventory a "resident" or "inmate" is defined as a person formally admitted to or con-

ined in an institution and who slept in the establishment "last night," i.e., the night prior to the day that the nature-of-business questionnaire was completed for the establishment.

Employee.—An employee is defined as a person paid by the establishment or a working member of a religious order who usually works 15 or more hours a week in the establishment. An owner is an employee if he usually works in the establishment at least 15 hours a week.

Nursing care.—For the purpose of classifying homes on the Master Facility Inventory which provide nursing care to residents, nursing care is defined as

the provision of one or more of the following services:

- Nasal feeding
- Catheterization
- Irrigation
- Oxygen therapy
- Full bed bath
- Enema
- Hypodermic injection
- Intravenous injection
- Temperature-pulse-respiration
- Blood pressure
- Application of dressings or bandages
- Bowel and bladder retraining

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