2002

Directory of Hospital Personnel

A Sedgwick Press Book
Grey House Publishing

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185 Millerton Road, PO Box 860
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(800) 562-2139 x134

Important Hospital Personnel Survey

Accurate listings in this directory represent your hospital to the entire industry. It's timely… *it's important*! Please take a moment to make corrections and additions to your existing directory listing. Thank you!

Mail or Fax Completed Information to Elizabeth Whalen (518) 789-0556

The 14th Edition of the ***Directory of Hospital Personnel***, formerly published by **Medical Economics/Thomson Healthcare**, will be published in October by **Sedgwick Press an imprint of Grey House Publishing**. Take advantage of this opportunity to profile your organization to the insurance industry, media, physician, patients, and other professionals in the medical industry. The ***Directory of Hospital Personnel*** is filled with detailed information about over 6,500 hospitals in the United States, including 191,000 key contacts in over 89 standard department categories. Below is your ***free listing*** as it appeared in the 2001 edition of the ***Directory of Hospital Personnel***. We ask that you take a few moments to verify this information for accuracy, crossing out inaccurate information and making changes within this document as necessary. If you have additional information, please fax that to us as well. *There is no charge for your listing, nor are you required to purchase the work.* To ensure that your updated information is included in the 2002 edition.

Hospital Information (Please Print)		
Hospital Name:		**Year Founded:**
Corrected Information:		
Address (P.O. Box and Street):		
Corrected Information:		
City:	**State:**	**Zip:**
Corrected Information:		
Phone:	**Toll Free Phone:**	**Fax:**
Corrected Information:		
Website Address:	**E-Mail Address:**	
Corrected Information:		

Do you have an affiliation with a Multi-Hospital Group? ____ Yes ____ No (If yes, please provide the name and address of the group)

Group Name: _____ Address: _____

Please Print
Bold and Italicized Type Indicates Most Essential Fields

✓ **Please Check if Service is NOT offered in Hospital.**

Department / Services	✓	**Contact Name**	**Title** (indicate *highest* level)	**Phone**	**E-Mail Address**	**PRINT Corrections Here**
Administration			***Chairman of the Board***			
Administration			***President/CEO***			
Administration			***Chief Financial Officer***			
Administration			***Chief Operations Officer***			
Administration			***Chief of Medical Staff***			
Ambulatory Care						
Anesthesiology						
Biomedical Engineering						
Blood Bank						
Building Services						
Business Development						
Business Office						
Cardiac Lab (non-invasive)						
Case Management						
Catheterization Lab						
Central supply						
Dentistry						
Dialysis/Hemodialysis						
Dietary						
Emergency Room			***Clinical Coordinator ER***			
Emergency Room Other						
Endoscopy Lab						
Facility services						
Formulary						
Hemotology/ Oncology Center						

Please Print
Bold and Italicized Type Indicates Most Essential Fields

✓ **Please Check if Service is NOT offered in Hospital.**

Department	✓	**Contact Name**	**Title** (indicate *highest* level)	**Phone**	**E-Mail Address**	**PRINT Corrections Here**
Home Health Care						
Hospice Services						
Housekeeping						
HR/Personnel						
ICU						
Infection Control						
Information Technology						
In-Service Education						
Intensive/ Coronary Care						
Market Research						
Materials Management						
Med Surg Nursing						
Medical Affairs/ Physician Relations						
Medical Education						
Medical Library						
Medical Records						
Nursing Services						
Nutrition services						
OB/GYN/ Women's Health						
Occupational Therapy						
Operating Room						
Outpatient Services						

Please Print
Bold and Italicized Type Indicates Most Essential Fields

✓ **Please Check if Service is NOT offered in Hospital.**

Department	✓	**Contact Name**	**Title** (indicate *highest* level)	**Phone**	**E-Mail Address**	**PRINT Corrections Here**
Pathology, Clinical						
Pathology, Anatomic						
Patient Relations						
Payor Contracting						
Pediatric, Ambulatory						
Pediatric, In-Patient Unit						
Pharmacy						
Physical Plant						
Physical Therapy						
Physician Recruitment						
Plant Engineering						
Public Relations						
Purchasing						
Radiation Therapy						
Radiology						
Reimbursement						
Respiratory/ Cardiopulmonary						
Risk Mgmt/QA/UR						
Security						
Social Services/ Discharge Planning						
Speech						
Web Master						

Accreditation and Certification Information– Please Check all that Apply.

____ Accreditation Association for Ambulatory Health Care (AAAHC)

____ American Accreditation Program, Inc. (AAPI)

____ Joint Commission on Accreditation of Health Care Organizations

____ American Osteopathic Association Accreditation (AOAA)

____ Approved for residency training by the Accreditation Council for Graduate Medical Education

____ Approved for residency training by American Osteopathic Association (AOA)

____ Other (Please Name) _____

_____ Commission for Accreditation of Rehabilitation Facilities (CARF)

_____ Approved by American Medical Association (AMA) for training interns

_____ Health Care Finance Administration

_____ Approved by American Osteopathic Association (AOA) for training interns

_____ Approved by American Osteopathic Association (AOA) for training interns

Number of Employees: _____

Number of Physicians: _____

Medicare Provider Number: _____

***Hospital Type*:** (Please indicate by Y or N)

_____ Profit
_____ Non-Profit
_____ Physician Owned

____ Rehab
____ Psych
____ Acute
____ Substance Abuse

_____ Substance Abuse
_____ Pediatric
_____ Heart
_____ Ob/Gyn

Other:
1) _____
2) _____
3) _____

***Beds (Type & Number)*:**

Licensed: _____

Staffed: _____

Acute: _____

SubAcute: _____

ICU/CCU: _____

Psych: _____

Rehab: _____

Obstetric: _____

Total Beds: _____

***Rooms (Type & Number)*:**

OR: _____

ER: _____

Surg Inpatient: _____

Surg Outpatient: _____

Other: _____

Statistics:

AvDailyCensus: _____

Annual AvLength of Stay: _____

Annual Discharges: _____

Annual OP Visits: _____

Annual ER Visits: _____

Annual Births: _____

Insurance Plan(s) Accepted: ____ Blue Cross & Blue Shield ____ CIGNA ____ Aetna ____ Prudential ____ Travelers ____ Medicaid ____ Medicare ____ Managed Care
(**Y or N** to all that apply)

Other (Please List):

1) ______________________________ 2) ______________________________ 3) ______________________________

4) ______________________________ 5) ______________________________ 6) ______________________________

Do you enter into Group Purchasing contracts with Regional Business Coalitions: ____ Yes ____ No **If *Yes*, please name your Coalition Partners:**

1) ______________________________ 2) ______________________________ 3) ______________________________

4) ______________________________ 5) ______________________________ 6) ______________________________

Teaching Hospital ___ Yes ___ No *Affiliated Schools*:________________________ **Nursing School** ___ Yes ___ No *Affiliated Schools:* ________________________

Satellite Treatment Centers (Please Name**):** 1) ______________________________ 2) ______________________________

Major Software Systems Used: ______ HBOC _____ Siemens-SMS _____ Meditech _____ Cerner _____Eclipsys _____ IDX *Other (please list):* ______________________________
***(Y or N** to all that apply)*

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In case *we* have questions: Completed by (Print):______________________ Title: ____________________ Phone: ______________ E-Mail: ______________

I would like to *PREVIEW* the *Hospital Personnel Directory* for 30 days (no obligation to purchase). Cost $275

Do YOU have Questions? Contact Elizabeth Whalen, Product Manager at (800) 562-2139 x134 or ewhalen@greyhouse.com**.**

Code Number:

End of Survey - Thank you!