

2002

Directory of Hospital Personnel

A Sedgwick Press Book
Grey House Publishing



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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:	
<i>Corrected Information:</i>		
Address (P.O. Box and Street):		
<i>Corrected Information:</i>		
City:	State:	Zip:
<i>Corrected Information:</i>		
Phone:	Toll Free Phone:	Fax:
<i>Corrected Information:</i>		
Website Address:	E-Mail Address:	
<i>Corrected Information:</i>		

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 <i>highest</i> level)	Phone	E-Mail Address	PRINT Corrections Here
<i>Administration</i>			<i>Chairman of the Board</i>			
<i>Administration</i>			<i>President/CEO</i>			
<i>Administration</i>			<i>Chief Financial Officer</i>			
<i>Administration</i>			<i>Chief Operations Officer</i>			
<i>Administration</i>			<i>Chief of Medical Staff</i>			
<i>Ambulatory Care</i>						
<i>Anesthesiology</i>						
Biomedical Engineering						
Blood Bank						
Building Services						
Business Development						
Business Office						
<i>Cardiac Lab (non-invasive)</i>						
<i>Case Management</i>						
Catheterization Lab						
Central supply						
<i>Dentistry</i>						
<i>Dialysis/Hemodialysis</i>						
Dietary						
<i>Emergency Room</i>			<i>Clinical Coordinator ER</i>			
<i>Emergency Room Other</i>						
Endoscopy Lab						
Facility services						
<i>Formulary</i>						
Hematology/ 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 <i>highest</i> level)	Phone	E-Mail Address	PRINT Corrections Here
<i>Home Health Care</i>						
<i>Hospice Services</i>						
<i>Housekeeping</i>						
<i>HR/Personnel</i>						
<i>ICU</i>						
<i>Infection Control</i>						
<i>Information Technology</i>						
In-Service Education						
<i>Intensive/ Coronary Care</i>						
<i>Market Research</i>						
<i>Materials Management</i>						
Med Surg Nursing						
<i>Medical Affairs/ Physician Relations</i>						
Medical Education						
Medical Library						
<i>Medical Records</i>						
<i>Nursing Services</i>						
Nutrition services						
OB/GYN/ Women's Health						
Occupational Therapy						
<i>Operating Room</i>						
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 <i>highest</i> level)	Phone	E-Mail Address	PRINT Corrections Here
Pathology, Clinical						
Pathology, Anatomic						
<i>Patient Relations</i>						
<i>Payor Contracting</i>						
Pediatric, Ambulatory						
Pediatric, In-Patient Unit						
Pharmacy						
Physical Plant						
Physical Therapy						
Physician Recruitment						
<i>Plant Engineering</i>						
<i>Public Relations</i>						
Purchasing						
Radiation Therapy						
<i>Radiology</i>						
Reimbursement						
<i>Respiratory/ Cardiopulmonary</i>						
<i>Risk Mgmt/QA/UR</i>						
<i>Security</i>						
<i>Social Services/ Discharge Planning</i>						
Speech						
Web Master						

Accreditation and Certification Information– Please Check all that Apply.

Accreditation Association for Ambulatory Health Care (AAAHC)

Commission for Accreditation of Rehabilitation Facilities (CARF)

American Accreditation Program, Inc. (AAPI)

Approved by American Medical Association (AMA) for training interns

Joint Commission on Accreditation of Health Care Organizations

Health Care Finance Administration

American Osteopathic Association Accreditation (AOAA)

Approved by American Osteopathic Association (AOA) for training interns

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

Approved by American Osteopathic Association (AOA) for training interns

Approved for residency training by American Osteopathic Association (AOA)

Other (Please Name) _____

Number of Employees: _____

Hospital Type: (Please indicate by Y or N)

<input type="checkbox"/> Profit
<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Physician Owned

<input type="checkbox"/> Rehab
<input type="checkbox"/> Psych
<input type="checkbox"/> Acute
<input type="checkbox"/> Substance Abuse

Number of Physicians: _____

Medicare Provider Number: _____

<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Pediatric
<input type="checkbox"/> Heart
<input type="checkbox"/> Ob/Gyn

<i>Other:</i>
1) _____
2) _____
3) _____

Beds (Type & Number):

Licensed: _____

Staffed: _____

Acute: _____

SubAcute: _____

ICU/CCU: _____

Psych: _____

Rehab: _____

Obstetric: _____

Total Beds: _____

Code Number: _____

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)



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.