

# General Demographics: Hospitals and Long-Term Care Facilities

“ \* ” indicates required field.

## General

1. Please select the one category that best describes the number of inpatient beds currently staffed for use in your facility, based on average inpatient census. \*
  - Up to 25 beds
  - 26 to 99 beds
  - 100 to 299 beds
  - 300 to 499 beds
  - 500 beds and over
2. Please select the one category that best describes the location of your facility. \*
  - Urban
  - Rural
3. Please select the one category that best describes the type of organization that is responsible for establishing policy for the overall operation of your facility. \*
  - Non-government, not-for-profit
  - Investor-owned, for-profit
  - Government, non-federal
  - Government, federal
4. Please select the one category that best describes the type of service that your facility provides to the majority of its admissions. \*
  - General medical and surgical
  - Specialty: Rehabilitation
  - Specialty: Behavioral health
  - Specialty: Oncology
  - Acute long-term care
  - Long-term care
  - Other

5. Does your facility provide any of the following services? \*

Trauma services (any level of service) • Labor and delivery services • Oncology services (even if chemotherapy is administered infrequently) • Transplant services • Cardiac catheterization • Hemodialysis • Behavioral health services • Long-term care services

- Yes
- No

6. Is your facility part of a larger healthcare system with common ownership and/or governance? \*

- Yes
- No

7. Please select if your facility is located in the US/US territory, at a US military foreign site, or in a non-US country. \*

- US/US territory
- US military foreign site
- Non-US country

## Training Programs

8. Does your facility serve as a clinical site to train students from an accredited program? \*

- Yes
- No

## Pharmacy Services

9. How are pharmacy services managed in your facility? \*

- Internally
- Externally

10. Is a pharmacist physically present onsite in the facility 24 hours a day, 7 days per week, to review orders and dispense medications? \*

- Yes
- No