

Please mark the correct boxes that apply to your hospital



# HOSPITAL SHEET

Date

Center-Code

Unit-Code

1. Total number of beds in hospital

2. Total number of admissions in the hospital last year

3. Total number of staff in the hospital

	Total number	Full time equivalent
<b>Total medical doctors</b>		
Medical specialists		
Medical non-specialists		
<b>Nurses</b>		
<b>Dieticians</b>		
<b>Nutritionists</b>		
<b>Pharmacists</b>		
<b>Kitchen staff</b>		

4. Does the hospital have a nutrition care strategy?  Yes  No  I do not know

5. Which nutrition-related standards or routine activities exist in your hospital?
- Nutrition training is available
  - Nutrition steering committee is available
  - Quality indicators are recorded and reported to national oder regional level
  - Quality indicators are used for internal benchmarking
  - Patient feedback about food and food service is collected using a questionnaire

6. Which codes are available /routinely used in your hospital for billing and reimbursement purposes?

Codes available	Codes routinely used
<input type="checkbox"/> Nutrition Support	<input type="checkbox"/> Nutrition Support
<input type="checkbox"/> Oral nutrition supplements	<input type="checkbox"/> Oral nutrition supplements
<input type="checkbox"/> Parenteral nutrition	<input type="checkbox"/> Parenteral nutrition
<input type="checkbox"/> Enteral nutrition	<input type="checkbox"/> Enteral nutrition
<input type="checkbox"/> Dietary counseling	<input type="checkbox"/> Dietary counseling
<input type="checkbox"/> Specific dietary interventions	<input type="checkbox"/> Specific dietary interventions
<input type="checkbox"/> Screening for malnutrition	<input type="checkbox"/> Screening for malnutrition
<input type="checkbox"/> Risk of malnutrition	<input type="checkbox"/> Risk of malnutrition
<input type="checkbox"/> Malnutrition (in general)	<input type="checkbox"/> Malnutrition (in general)
<input type="checkbox"/> Severity of malnutrition (i.e. mild, moderate, severe)	<input type="checkbox"/> Severity of malnutrition (i.e. mild, moderate, severe)
<input type="checkbox"/> No information available from billing/finance/controlling	<input type="checkbox"/> No information available from billing/finance/controlling

**THANK YOU!**