

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

HOSPITAL CLOSURE: 1999



**MARCH 2001
OEI-04-01-00020**

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EXECUTIVE SUMMARY

PURPOSE

To describe the extent, characteristics, reasons for, and impact of hospital closure in 1999.

BACKGROUND

The closure of hospitals in past years has generated public and congressional concern. We released a report in May 1989 describing the nationwide phenomenon of hospital closure in 1987. Subsequently, we issued annual reports for hospital closures from 1988 through 1998.

The findings from all the OIG studies of hospital closures are similar. The hospitals that closed were small and had low occupancy rates. When the hospitals closed, few patients were affected. Most patients could get medical care nearby.

FINDINGS

Our inspection of hospital closures in 1999 produced findings similar to those previously reported for 1987-1998.

- ! Sixty-four general, short-term, acute care hospitals closed in 1999 -- 1.3 percent of all hospitals.
- ! Twenty-one more hospitals closed in 1999 than closed in 1998, however, the additional closings were offset by the twenty-two hospitals that opened or reopened in 1999, eight more than in 1998.
- ! Twenty-one of the closed hospitals were rural and 43 were urban. This is proportionate to the total number of hospitals in each category.
- ! Closed hospitals in both rural and urban areas were smaller on average than the national averages.

Rural hospitals that closed had an average of 42 beds as compared to an average of 67 beds for all rural hospitals nationally.

Urban hospitals that closed had an average of 106 beds as compared to an average of 223 beds for all urban hospitals nationally.

- ! Occupancy rates for closed rural and urban hospitals were lower on average than the national averages.

Rural hospitals that closed had an average occupancy rate of 31 percent as compared to an average of 38 percent for all rural hospitals nationally. The average daily census in the year prior to closure was about 13 patients.

Urban hospitals that closed had an average occupancy rate of 38 percent as compared to an average of 57 percent for all urban hospitals nationally. The average daily census in the year prior to closure was about 40 patients.

- ! Medicare utilization in closed hospitals was about the same as the national average for rural and urban hospitals.

In rural areas, the average Medicare utilization among hospitals that closed was 58 percent compared to an average of 56 percent for all rural hospitals nationally. About eight Medicare patients were in the hospital on an average day in the year prior to closure.

In urban areas, the average Medicare utilization among hospitals that closed was 44 percent compared to an average of 41 percent for all urban hospitals nationally. About 18 Medicare patients were in the hospital on an average day in the year prior to closure.

- ! Medicaid utilization in closed hospitals was about the same as the national average for rural and urban hospitals.

In rural areas, the average Medicaid utilization among hospitals that closed was 14 percent as compared to an average of 13 percent for all hospitals nationally. About two Medicaid patients were in the hospital on an average day in the year prior to closure.

In urban areas, the average Medicaid utilization among hospitals that closed was 16 percent as compared to an average of 14 percent for all urban hospitals nationally. About seven Medicaid patients were in the hospital on an average day in the year prior to closure.

- ! Many factors caused hospitals to close. The reasons most often reported for closure, in order, were financial problems, low occupancy, reorganizations, mergers, bankruptcies and competition. Hospital administrators, former owners, general counsel, city managers, and others provided the reasons for closure.

- ! Officials in only eight of the 64 hospitals that closed included Medicare and Medicaid reimbursement reductions as a reason for closure. However, only one claimed it to be the sole reason. In this instance, the hospital's occupancy was significantly lower than

the national average. However, Medicare and Medicaid utilization accounted for over 82 percent of the hospital's total utilization.

- ! Emergency and inpatient medical care was generally available within 10 miles of a closed hospital.

- ! At the time of our inspection, 32 of the 64 closed hospital facilities (50 percent) were being used for health-related services such as outpatient facilities, health clinics or long-term care facilities. Also, plans were being made to use 7 of the remaining 32 closed hospitals for health-related services.

INTRODUCTION

PURPOSE

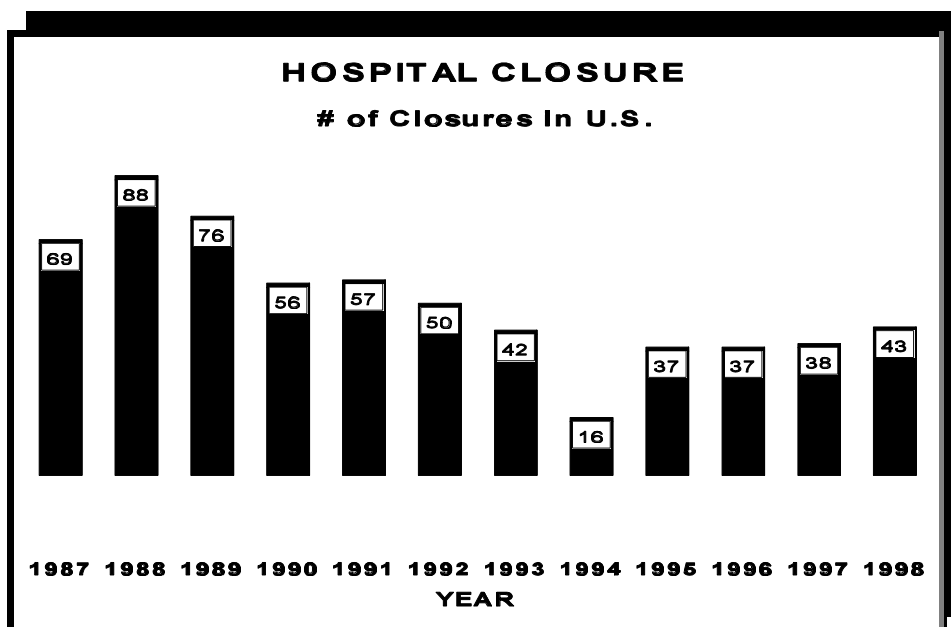
To describe the extent, characteristics, reasons for, and impact of hospital closure in 1999.

BACKGROUND

In the late 1980s, closure of general, acute care hospitals generated public and congressional concern. Numerous questions were raised about the impact of hospital closure in the United States, as well as implications for public policy. A number of studies predicted that more hospitals would close in coming years.

In response to these concerns, the Office of Inspector General released a report in May 1989 describing the phenomenon of hospital closure during 1987 in the United States. We found that the hospitals that closed were small and their closing did not severely affect access to care. Many users of our 1987 hospital closure study encouraged us to continue year-by-year analyses of the phenomenon to detect differences in the rate of hospital closure, and in the characteristics and circumstances of hospitals that close.

Similar inspections on hospital closures in 1988 through 1994 showed a downward trend in the number of closures. Hospital closures in 1995, 1996, 1997, and 1998 more than doubled those of 1994, but were still less than in most other years since we began this series of reports.



The findings from the 1987 through 1998 inspections were similar. The hospitals that closed were small and had low occupancy rates. When the hospitals closed, few patients were affected. Most could get medical care nearby.

METHODOLOGY

We examined hospitals that closed in calendar year 1999. For purposes of this study, we use the following definitions.

Hospital: A facility that provides general, short-term, acute medical and surgical inpatient care.

Closed Hospital: A facility that stopped providing general, short-term, acute inpatient care in 1999. We did not consider a hospital a closure if it:

- C Merged with or was sold to another hospital but the physical plant continued to provide inpatient acute care,
- C Converted to critical access status, or
- C Both closed and reopened in 1999 in the same physical plant.

To determine the extent, reasons for, and impact of hospital closures, we obtained information from State licensing and certification agencies, State health planning agencies, State hospital associations, Health Care Financing Administration (HCFA) data bases, officials associated with closed and nearby hospitals, and local public officials.

We obtained information on the characteristics of all hospitals, including those that closed in 1999 from the Hospital Cost Report Information System (HCRIS) maintained by HCFA.

Appendix A describes our methodology in further detail.

We conducted our inspection between October 2000 and February 2001. We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

Our analysis shows that:

- ! Sixty-four general, short-term, acute care hospitals closed in 1999 -- 1.3 percent of all hospitals.
- ! Twenty-one more hospitals closed in 1999 than closed in 1998, however, the additional closings were offset by the 22 hospitals that opened or reopened in 1999, eight more than in 1998.
- ! Most hospitals that closed were small and had low occupancy rates.
- ! The characteristics, reasons for, and impact of 1999 closures were similar to the 1998 closures.
- ! Although residents of a few communities had to travel greater distances for hospital care, most had emergency and inpatient medical care available within 10 miles of a closed hospital.

Extent and characteristics of closed hospitals

How many closed

In 1999, there were 4,818 general, short-term, acute care hospitals in the United States entered on HCFA's HCRIS data base as participating in the Medicare program. Sixty-four hospitals closed in 1999 -- 1.3 percent of all hospitals nationally.

Number of hospitals in the U.S.	4,818	
Number of hospitals that closed in 1999	64	1.3%

While 64 hospitals closed in 1999, 20 new hospitals opened and 2 previously closed hospitals reopened. In comparison, 43 hospitals closed in 1998, 12 new hospitals opened and 2 previously closed hospitals reopened. The net effect was an increase in 1999 hospital closures (42 hospitals) over the 1998 closures (29 hospitals).

The effect on bed supply

Closure of the 64 general, acute care hospitals reduced 1999 inpatient bed supply by 5,414 beds, or 0.7 percent.

Number of inpatient beds in the U.S.	738,377	
Inpatient beds in hospitals that closed in 1999	5,414	0.7%

The 22 hospital openings and reopenings, however, added 1,916 beds and 122 beds respectively. Therefore, the net reduction to the 1999 inpatient bed supply was 3,376 beds. In comparison, the net reduction to the 1998 inpatient bed supply was 2,615 beds.

Where they were

The closed hospitals were located in 28 States. Texas had the greatest number of closures (7), followed by California (6), Georgia (4), Alabama (3), Arizona (3), Louisiana (3), Massachusetts (3), Michigan (3), and Oklahoma (3). The remaining 21 States had 1 or 2 closures each. Appendix B lists the number of hospital closures by State. Appendix C lists the closures by location.

Twenty-one of the closed hospitals were rural and 43 were urban. This is proportionate to the total number of hospitals in each category.

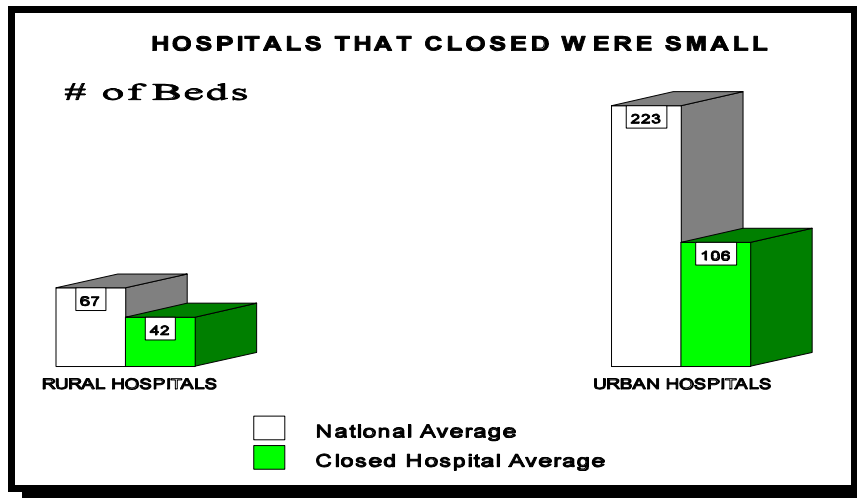
	RURAL		URBAN	
Hospitals in the U.S.:	2,155		2,663	
Closed in 1999	21	1.0%	43	1.6%

What the closed hospitals were like

Size: Both rural and urban hospitals that closed in 1999 were smaller, on average, than the national average size. The average number of beds for hospitals nationwide is 153. About 84 percent of the hospitals that closed had fewer beds than the national average. Furthermore, over half (67 percent) of the hospitals that closed had 100 beds or less. In contrast, 16 percent of the closed hospitals had more beds than the national average.

SIZE OF CLOSED HOSPITALS				
Number of Beds	Number of Closed Hospitals			
	Rural	Urban	Total	Percent
0 - 30	10	9	19	30%
31 - 50	8	7	15	23%
51 - 100	1	8	9	14%
101 - 150	1	10	11	17%
151 - 200	1	3	4	6%
201 - 300	0	5	5	8%
301 >	0	1	1	2%
Totals	21	43	64	100%

Rural hospitals that closed had an average of 42 beds as compared to an average of 67 beds for all rural hospitals nationally. Urban hospitals that closed had an average of 106 beds as compared to an average of 223 beds for all urban hospitals nationally.

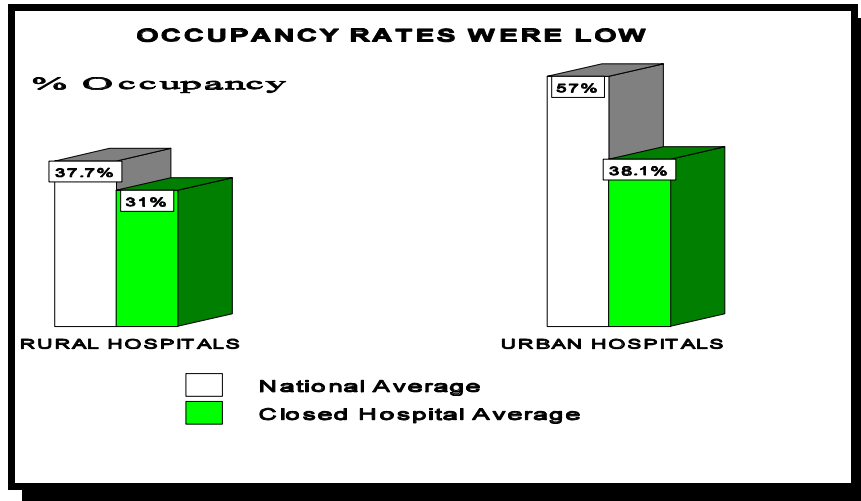


Occupancy: Occupancy rates for closed rural and urban hospitals were lower on average than the national averages.¹

¹ Hospital occupancy rate is defined as the actual number of patient days divided by the total bed days available. National average occupancy rate is defined as the sum of all hospitals' occupancy rates, divided by the number of hospitals.

Rural hospitals that closed had an average occupancy rate of 31 percent as compared to an average of 37.7 percent for all rural hospitals nationally. The average daily census in the year prior to closure was about 13 patients versus the national average of 25 patients.

Urban hospitals that closed had an average occupancy rate of 38.1 percent as compared to an average of 57 percent for all urban hospitals nationally. The average daily census in the year prior to closure was about 40 patients versus the national average of 127 patients.

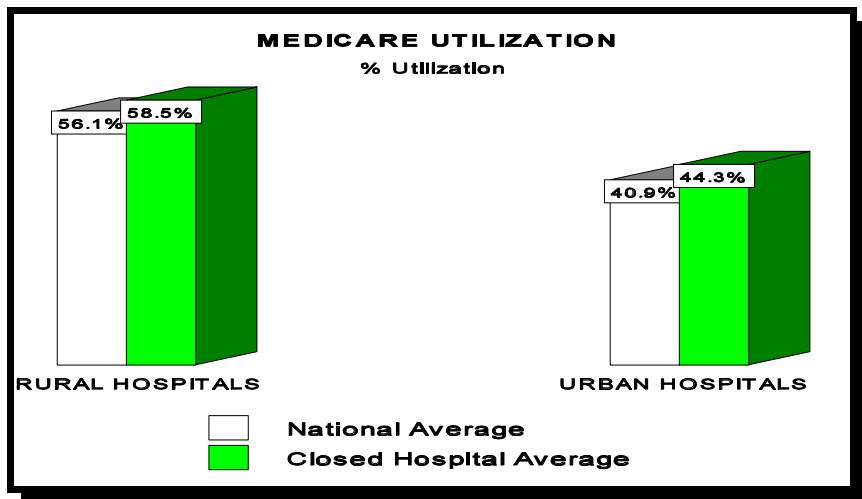


Medicare Utilization: The average Medicare utilization among rural and urban hospitals that closed was about the same as the national average.²

In rural areas, the average Medicare utilization among hospitals that closed was 58.5 percent compared to an average of 56.1 percent for all rural hospitals nationally. About eight Medicare patients were in the hospital on an average day in the year prior to closure.

In urban areas, the average Medicare utilization among hospitals that closed was 44.3 percent compared to an average of 40.9 percent for all urban hospitals nationally. About 18 Medicare patients were in the hospital on an average day in the year prior to closure.

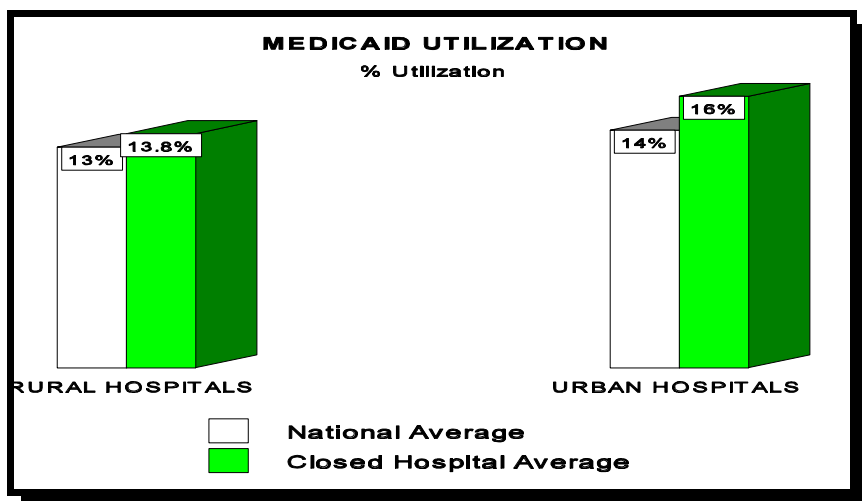
² Average Medicare utilization in closed hospitals is defined as the percent of Medicare patient days compared to the total patient days for each hospital, summed and divided by the number of hospitals. National average Medicare utilization is the percent of Medicare utilization of each hospital, summed and divided by the total number of hospitals.



Medicaid Utilization: The average Medicaid utilization among rural and urban hospitals that closed was about the same as the national average.³

In rural areas, the average Medicaid utilization among hospitals that closed was 13.8 percent as compared to an average of 13 percent for all hospitals nationally. About two Medicaid patients were in the hospital on an average day in the year prior to closure.

In urban areas, the average Medicaid utilization among hospitals that closed was 16 percent as compared to an average of 14 percent for all urban hospitals nationally. About 7 Medicaid patients were in the hospital on an average day in the year prior to closure.



³ Medicaid utilization is calculated in the same way as Medicare utilization.

Reasons for hospital closure

The officials we interviewed reported many reasons for hospital closure. The most often reported reasons for closures, in order, were financial problems, low occupancy, reorganizations, mergers, bankruptcies and competition. These reasons for closure were interrelated.

Officials in only eight of the 64 hospitals that closed included Medicare and Medicaid reimbursement reductions as a reason for closure. However, only one claimed it to be the sole reason. In this instance, the hospital's occupancy was significantly lower than the national average. However, Medicare and Medicaid utilization accounted for over 82 percent of the hospital's total utilization.

The other seven hospitals claimed mismanagement, competition, and private business decisions as contributing reasons for closure. For example, a hospital that closed in Georgia faced competition from a nearby hospital (12 miles) that had about 7 times the number of hospital beds available.

Eleven hospitals closed in order to open ten new facilities. For example, two hospitals in California did not meet earthquake standards. Hospital management determined that it would be more cost effective to build new facilities rather than renovate the existing facilities. In North Carolina, two local hospitals closed and were replaced by one new regional hospital located about midway between the two closed facilities.

Impact of hospital closure

In communities where hospitals closed in 1999, we determined the

- ! number of patients affected by closure of hospitals,
- ! availability of inpatient care and emergency medical services, and
- ! current use of closed hospital facilities.

How many patients were affected

For rural hospitals that closed in 1999, the average daily census in the year prior to closure was about 13 patients. The urban hospitals that closed had an average daily census of about 40 patients.

WHEN HOSPITALS CLOSED, HOW MANY PATIENTS WERE AFFECTED DAILY?		
	Rural Hospitals	Urban Hospitals
Average Number of Beds	41.6	105.6
Average Occupancy Rate	<u>x 31%</u>	<u>x 38.1%</u>
Average Number of Patients	12.9	40.2

We analyzed Medicare utilization data to determine the number of elderly patients affected by hospital closure in 1999. In rural hospitals that closed, about eight Medicare patients were in the hospital on an average day in the year prior to closure. In the urban hospitals that closed, about 18 Medicare patients were in the hospital on an average day.

WHEN HOSPITALS CLOSED, HOW MANY MEDICARE PATIENTS WERE AFFECTED DAILY?		
	Rural Hospitals	Urban Hospitals
Average Number of Patients	12.9	40.2
Average Medicare Utilization Rate	<u>x 58.5%</u>	<u>x 44.3%</u>
Average Number Medicare Patients	7.5	17.8

What inpatient care and emergency services are available

Inpatient Care: In most communities where a hospital closed in 1999, inpatient hospital care was available nearby.⁴

⁴ We assessed availability of inpatient medical care in miles from a closed hospital to the nearest inpatient facility.

NEAREST INPATIENT CARE TO CLOSED HOSPITALS				
DISTANCE	NUMBER OF CLOSED HOSPITALS			
	RURAL		URBAN	
Within 3 Miles	6	28.6%	18	41.9%
4-10 Miles	4	19.0%	19	44.2%
11-20 Miles	4	19.0%	5	11.6%
21-30 Miles	6	28.6%	1	2.3%
More than 30 Miles	1	4.8%	0	0.0%
Totals	21	100.0%	43	100.0%

Rural Areas: Residents in 14 of the 21 rural communities (67 percent) where a hospital closed could get inpatient hospital care within 20 miles of the closed hospital. Residents of only one community had to travel in excess of 30 miles to receive inpatient care. The residents of Wiggins, Mississippi had to travel 33 miles.

Urban Areas: In 37 of the 43 urban communities (86 percent) where a hospital closed in 1999, residents could get inpatient hospital care within 10 miles of the closed hospital. Residents in all 43 urban communities where a hospital closed could get inpatient care within 30 miles of the closed hospital.

Emergency Services: When a hospital closed, the community lost not only inpatient beds, but also 24-hour emergency services.⁵

Rural Areas: In 12 of the 21 rural communities (57 percent) where a hospital closed in 1999, emergency care facilities were available within 20 miles of the closed hospital. Of the remaining nine rural communities where a hospital closed, emergency care for eight was available within 30 miles. For Wiggins, Mississippi, 24-hour emergency care was available 33 miles from the closed hospital.

Urban Areas: Emergency care facilities were available within 10 miles of the closed hospital in 37 of the 43 urban communities where a hospital closed in 1999. Five other urban communities had emergency care within 20 miles while only one community had to travel 30 miles for 24-hour emergency care.

⁵ We assessed availability of emergency medical care in miles from a closed hospital to the nearest emergency facility.

NEAREST EMERGENCY SERVICES TO CLOSED HOSPITALS				
DISTANCE	NUMBER OF CLOSED HOSPITALS			
	Rural		Urban	
Within 3 Miles	5	23.8%	19	44.2%
4-10 Miles	4	19.0%	18	41.9%
11-20 Miles	3	14.3%	5	11.6%
21-30 Miles	8	38.1%	1	2.3%
More than 30 Miles	1	4.8%	0	0.0%
Totals	21	100.0%	43	100.0%

What the building is used for now

At the time of our inspection, 32 of the 64 closed hospital facilities (50 percent) were being used for health-related services. For example:

- ! Liberty Medical Center in Baltimore, Maryland along with five other closed hospitals became outpatient facilities.
- ! Lindsay Municipal Hospital in Lindsay, Oklahoma along with five other closed hospitals became health clinics.
- ! Princeton Hospital in Orlando, Florida became a Psychiatric Hospital
- ! Lakeland Medical Center- Berrien Center in Berrien Center, Michigan, Saratoga Hospital in Detroit, Michigan and Shannon Medical Center in San Angelo, Texas are now long-term care facilities.

Of the closed hospital facilities that were not being used for health-related services, plans were being made to use 7 for health-related services. In addition, one facility was destroyed by a tornado and was in the process of being rebuilt.

METHODOLOGY

Extent of Hospital Closure

To determine how many hospitals closed in 1999, we contacted State licensing and certification agencies, State hospital associations, and State health planning agencies. We also compiled Health Care Financing Administration (HCFA) data on terminated hospitals in 1999. When a closed hospital met the study definition or when questions arose, we surveyed officials associated with the closed hospitals, officials associated with hospitals nearest to the closed hospital, and local public officials.

To quantify the number of hospitals in the United States, we used the Hospital Cost Report Information System (HCRIS) maintained by HCFA. We included only general, short-term, acute care hospitals under Medicare's Prospective Payment System (PPS) in the universe. There were 4,818 hospitals listed on HCRIS as short-term, acute care, general hospitals for 1999.

Characteristics of Hospital Closure

To analyze characteristics of closed hospitals, we used HCRIS data. We used the latest pre-closure cost reports. For example, if a hospital closed in May 1999 and its accounting year was on a January-December cycle, we used the hospital's January 1, 1998 to December 31, 1998 report.

Reasons for and Impact of Hospital Closure

We determined the reasons for hospital closure by interviewing knowledgeable officials related to the closed hospitals. Such officials included:

- ! Former hospital administrators, board members, and/or staff of closed hospitals,
- ! Hospital administrators and/or staff at the nearest hospitals,
- ! Local fire, health, and government officials, and
- ! Officials associated with closed hospital parent corporations.

We determined the “impact” of hospital closures by identifying the distance from a closed hospital to the nearest still-operating hospital and to 24-hour emergency services. In addition we used the HCRIS to determine how many patients, including Medicare and Medicaid, were displaced by the closures.

APPENDIX B

1999 HOSPITAL CLOSURES - RANKED BY STATE			
State	Total Closures	Rural Closures	Urban Closures
Texas	7	3	4
California	6	0	6
Georgia	4	1	3
Alabama	3	1	2
Arizona	3	0	3
Louisiana	3	0	3
Massachusetts	3	0	3
Michigan	3	0	3
Oklahoma	3	2	1
Florida	2	0	2
Kansas	2	2	0
Maryland	2	0	2
Minnesota	2	2	0
Missouri	2	1	1
Mississippi	2	2	0
North Carolina	2	2	0
New Jersey	2	0	2
Ohio	2	0	2
Virginia	2	1	1
Arkansas	1	0	1
Colorado	1	0	1
Illinois	1	0	1
Kentucky	1	0	1
Maine	1	0	1
Nebraska	1	1	0
South Carolina	1	1	0
Tennessee	1	1	0
Utah	1	1	0
28 States	64	21	43

1999 HOSPITAL CLOSURES BY NAME AND LOCATION

Hospital Name	City	State	Rural/ Urban
Baptist Medical Center- Downtown	Montgomery	AL	Urban
Florence Hospital	Florence	AL	Urban
Vaughan Perry Hospital	Marion	AL	Rural
Baptist Memorial Medical Center	North Little Rock	AR	Urban
Central Arizona Medical Center	Florence	AZ	Urban
Community Hospital Medical Center	Phoenix	AZ	Urban
Phoenix Regional Medical Center	Phoenix	AZ	Urban
Natividad Medical Center	Salinas	CA	Urban
San Bernardino County Medical Center	San Bernardino	CA	Urban
St. Louise Hospital	Morgan Hill	CA	Urban
UCSF- Mount Zion Medical Center	San Francisco	CA	Urban
Valley Community Hospital	Santa Maria	CA	Urban
Washington Medical Center	Culver City	CA	Urban
Precedent Health Center	Denver	CO	Urban
Clearwater Community Hospital	Clearwater	FL	Urban
Princeton Hospital	Orlando	FL	Urban
Baptist North Hospital	Cumming	GA	Urban
Bowdon Area Hospital	Bowdon	GA	Urban
Ridgecrest Hospital	Clayton	GA	Rural
West Paces Medical Center	Atlanta	GA	Urban
St. Joseph Hospital- Belvidere	Belvidere	IL	Urban
Dechairo Hospital	Westmoreland	KS	Rural
Ellsworth County Medical Center	Ellsworth	KS	Rural
Woodford County Hospital	Versailles	KY	Urban
Concord Hospital	Baton Rouge	LA	Urban
Jo Ellen Smith Medical Center	New Orleans	LA	Urban
Sterlington Hospital Inc.	Sterlington	LA	Urban
Boston Regional Medical Center	Stoneham	MA	Urban
The Malden Hospital	Malden	MA	Urban
Medical Center at Symmes	Arlington	MA	Urban
Church Hospital	Baltimore	MD	Urban
Liberty Medical Center	Baltimore	MD	Urban
Westbrook Community Hospital	Westbrook	ME	Urban
Lakeland Medical Center- Berrien Center	Berrien Center	MI	Urban
Saratoga Hospital	Detroit	MI	Urban
Sinai Hospital	Detroit	MI	Urban
Harmony Community Hospital	Harmony	MN	Rural
Lake City Hospital	Lake City	MN	Rural
Arcadia Hospital	Pilot Knob	MO	Rural
Park Lake Medical Center	Kansas City	MO	Urban
Smith County Hospital	Raleigh	MS	Rural
Stone County Hospital	Wiggins	MS	Rural
Charles A. Cannon Jr. Memorial Hospital	Banner Elk	NC	Rural
Sloop Memorial Hospital Inc.	Crossnore	NC	Rural

**APPENDIX C
CONTINUED**

1999 HOSPITAL CLOSURES BY NAME AND LOCATION - CONTINUED			
Hospital Name	City	State	Rural/ Urban
Goli Medical Center	Sargent	NE	Rural
Memorial Medical Center at South Amboy	South Amboy	NJ	Urban
Montclair Community Hospital	Montclair	NJ	Urban
MedCenter Hospital	Marion	OH	Urban
St. Lukes Medical Center	Cleveland	OH	Urban
Integrus Bethany Hospital	Bethany	OK	Urban
Lindsay Municipal Hospital	Lindsay	OK	Rural
Stroud Municipal Hospital	Stroud	OK	Rural
Byerly Hospital	Hartsville	SC	Rural
Cumberland River Hospital South	Gainesboro	TN	Rural
Columbia Surgicare Specialty Hospital	Corpus Christi	TX	Urban
East Texas Medical Center- Rusk	Rusk	TX	Rural
Memorial Hospital Pasadena	Pasadena	TX	Urban
Presbyterian Medical Center of Wylie	Wylie	TX	Urban
Shannon Medical Center- St. Johns Campus	San Angelo	TX	Urban
Silsbee Doctors Hospital	Silsbee	TX	Rural
Starlite Village Hospital	Center Point	TX	Rural
Wasatch County Hospital	Heber City	UT	Rural
Carilion Radford Community Hospital	Radford	VA	Rural
Columbia Pentagon City Hospital	Arlington	VA	Urban

APPENDIX D

1999 HOSPITAL OPENINGS AND REOPENINGS BY NAME AND LOCATION			
Hospital Name	City	State	Rural/ Urban
Baptist Memorial Medical Center	North Little Rock	AR	Urban
St. Vincent Medical Center- Sherwood	Sherwood	AR	Urban
Arrowhead Regional Medical Center	Colton	CA	Urban
Bakersfield Heart Hospital	Bakersfield	CA	Urban
City of Angels Medical Center	Los Angeles	CA	Urban
Natividad Medical Center	Salinas	CA	Urban
Baptist Medical Center	Cumming	GA	Urban
Ellsworth County Medical Center	Ellsworth	KS	Rural
Lake City Medical Center	Lake City	MN	Rural
Doctors Hospital of Springfield	Springfield	MO	Urban
Charles A. Cannon Jr. Medical Center	Linville	NC	Rural
Physicians Hospital	Oklahoma City	OK	Urban
Southcrest Hospital	Tulsa	OK	Urban
Wetumka General Hospital	Wetumka	OK	Urban
Carolina Pines Regional Medical Center	Hartsville	SC	Rural
Providence Hospital Northeast	Columbia	SC	Urban
Baptist Memorial Hospital- Collierville	Collierville	TN	Urban
Kell West Regional Hospital, L.L.C	Wichita Falls	TX	Urban
Vista Medical Center Hospital	Pasadena	TX	Urban
Heber Valley Medical Center	Heber City	UT	Rural
Carilion New River Valley Medical Center	Christiansburg	VA	Rural
Aurora Medical Center	Kenosha	WI	Urban