
**Office for Oregon Health
Policy and Research**



Oregon's Acute Care Hospitals

*Capacity, Utilization and Financial Trends
1995 to 2003*

December 2004

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Table of Contents

	Page
Foreword	
Executive Summary	
Chapter 1: Introduction	1
Hospital Reimbursement Classifications.....	2
Trends	6
Hospital Ownership	10
Chapter 2: Hospital Capacity	11
Bed Capacity	11
Occupancy.....	15
Chapter 3: Workforce	19
Composition.....	19
Trends	20
Chapter 4: Utilization of Hospital Services	23
Most Common Diagnosis-Related Groups (DRG).....	23
Average Length of Stay	24
Place of Discharge	27
Chapter 5: Hospital Finances and Revenues	29
Profitability	29
The Role of Health Districts.....	29
Financial Indices.....	29
Operating Margin and Total Margin	30
Payer Mix	32
Uncompensated Care	33
Appendix I: Individual Hospital Overviews	
Appendix II: 2003 Uncompensated Care, by Hospital	
Appendix III: 2003 Operating Margin and Total Margin, by Hospital	
Appendix IV: Data Sources	
Appendix V: Glossary	

List of Figures and Tables

Tables

	Page
Table 1.01 Oregon’s DRG Hospitals, 2003	2
Table 1.02 Oregon’s Critical Access Hospitals (CAH), 2003	4
Table 1.03 Oregon’s Type A Rural Hospitals	5
Table 1.04 Oregon’s Type B Rural Hospitals.....	5
Table 1.05 Oregon’s Type C Rural Hospitals	5
Table 1.06 Summary of Trends: Oregon Acute Care Hospitals, 1995 & 2003	6
Table 1.07 Summary of Trends: Oregon DRG Acute Care Hospitals, 1995 & 2003....	7
Table 1.08 Summary of Trends: Oregon Rural Acute Care Hospitals, 1995 & 2003...8	
Table 1.09 Hospital Systems in Oregon, 2003	10
Table 2.01 Bed Capacity in Oregon DRG Hospitals, 1995 and 2003	13
Table 2.02 Bed Capacity in Oregon Rural Hospitals, 1995 and 2003	14
Table 2.03 Occupancy in Oregon DRG Hospitals, 1995 and 2003	16
Table 2.04 Occupancy in Oregon Rural Hospitals, 1995 and 2003.....	17
Table 4.01 Top Ten Diagnosis-Related Groups (Ranks by Volume), in Oregon Acute Care Hospitals, 2003.....	23
Table 4.02 Average Length of Stay in Oregon DRG Hospitals, 1995 & 2003.....	25
Table 4.03 Average Length of Stay in Oregon Rural Hospitals, 1995 & 2003.....	26
Table 4.04 Place of Patient Discharge (% of Total Discharges) from Oregon Acute Care Hospitals by Type (2003).....	27
Table 5.01 Uncompensated Care in Oregon Acute Care Hospitals, 1995-2003.....	34

<u>Figures</u>	Page
Figure 1.01 National and State Hospital Trends. Percent Change, 1995 to 2002.....	9
Figure 2.01 Bed Capacity in Oregon Acute Care Hospitals, 1995 & 2003	11
Figure 2.02 Occupancy in Oregon Acute Care Hospitals, 1995 & 2003	15
Figure 3.01 Composition of Hospital Workforce FTE in Oregon Acute Care Hospitals, 2003	19
Figure 3.02 Percent change in workforce FTE in Oregon Acute Care Hospitals, by Occupation, 1995 to 2003	20
Figure 3.03 Percent change in workforce FTE in Oregon DRG Hospitals, By Occupation, 1995 to 2003	20
Figure 3.04 Percent change in workforce FTE in Oregon Type A Hospitals, By Occupation, 1995 to 2003	21
Figure 3.05 Percent change in workforce FTE in Oregon Type B Hospitals, By Occupation, 1995 to 2003	21
Figure 4.01 Average Length of Stay in Oregon Acute Care Hospitals, 1995 & 2003.....	24
Figure 5.01 Median Operating Margins (OM) and Total Margin (TM), Oregon Acute Care Hospitals, 1995-2003.....	30
Figure 5.02 Median Operating Margins (OM) and Total Margin (TM), Oregon DRG Hospitals, 1995-2003.....	31
Figure 5.03 Median Operating Margins (OM) and Total Margin (TM), Oregon Type A Hospitals, 1995-2003	31
Figure 5.04 Median Operating Margins (OM) and Total Margin (TM), Oregon Type B Hospitals, 1995-2003	32
Figure 5.05 Payer Mix in Oregon Acute Care Hospitals, 2003.....	33
Figure 5.06 Uncompensated Care as Percent of Gross Patient Revenue (Median) Oregon Acute Care Hospitals, 1995-2003	35
Figure 5.07 Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon DRG Hospitals, 1995-2003	35
Figure 5.08 Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type A Hospitals, 1995-2003.....	36
Figure 5.09 Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type B Hospitals, 1995-2003.....	36

Foreword

This is the fifth report about Oregon's acute care hospitals that the Office for Oregon Health Policy and Research (OHPR) has prepared. This report compares capacity, utilization and financial data from 1995, the first full year of the Oregon Health Plan (OHP), with information from 2003, the most current data available. In preparing this report, OHPR collaborated with the Department of Human Services, and worked with the state's hospitals and the Oregon Association of Hospitals and Health Systems (OAHHS). OHPR relied on a variety of data sources including hospitals' discharge data, annual surveys, and audited financial statements. For details regarding data collection, see Appendix IV and the OHPR website at <http://www.oregon.gov/DAS/OHPR>.

For the purposes of this report, hospitals are categorized according to how they are reimbursed by Oregon's Medicaid program. They are broken into three categories: DRG hospitals, Type A rural hospitals and Type B rural hospitals. Type C rural hospitals are reimbursed on a DRG basis, so for the purposes of this report, are included in DRG hospital discussions.

- **DRG** hospitals: Diagnostic Related Groups (DRGs) provide the basis for payment to hospitals for care of Medicare, Medicaid, and an increasing number of commercially insured patients. The federal government adopted DRGs more than a decade ago to curb rising hospital costs associated with reasonable cost and line-item reimbursement methods. Through DRGs, hospitals are reimbursed a flat rate based on a patient's diagnosis and treatment.

These hospitals are reimbursed as a percentage of the DRG costs of doing business, are generally located in urban areas, and have more than 50 beds.

- **Rural** hospitals - These hospitals are reimbursed at 100% of cost by Medicaid. There are two types of rural hospitals in Oregon:
 - *Type A*-- Rural hospitals that have 50 beds or less and are *greater* than 30 miles from another acute inpatient facility.
 - *Type B*--Rural hospitals with 50 or fewer beds, located 30 miles or *less* from another acute inpatient care facility.

About the Office for Oregon Health Policy and Research

The Office for Oregon Health Policy and Research (OHPR) provides analysis, technical, and policy support to the Governor and the Legislature on issues relating to health care costs, utilization, quality, and access and serves as the policy making body for the Oregon Health Plan. OHPR also provides staff support to statutorily established advisory bodies, including the Oregon Health Policy Commission, the Health Resources Commission, the Health Services Commission, the Advisory Committee on Physician Credentialing and the Medicaid Advisory Committee. In addition, the Office coordinates the work of the Oregon Health Research and Evaluation Collaborative. For more information about OHPR, visit www.ohpr.state.or.us or contact the office at (503) 378-2422.

Executive Summary

The last decade has seen significant changes in the state of health care in the United States. Just as the nature of health care has evolved, so have the hospitals described in this report. The state has been tracking the utilization, capacity and financial health of Oregon's hospitals since 1981, and this is the fifth report prepared by the Office for Oregon Health Policy and Research (OHPR). This report compares capacity, utilization and financial data from 1995 with information from 2003, the most current data available.

Between 1995 and 2003, Oregon hospitals underwent a variety of changes. The most noteworthy are summarized below.

- In 1995, there were 63 acute care hospitals in Oregon. By 2003, there were 60. In January 2004 two more hospitals (Woodland Park and Eastmoreland Hospitals, both in Portland) closed.¹
- While hospital bed capacity decreased by 6%, occupancy increased from 48% to 64% between 1995 and 2003.
- Utilization in Oregon hospitals also increased between 1995 and 2003. The number of inpatient discharges and adjusted admissions rose 23%.
- The average length of stay (ALOS) in hospitals remained fairly even, increasing slightly from 3.8 to 3.9 days, less than the national average of 5.7 days.
- Uncompensated care increased by 106% in constant dollar terms since 1995, and gross patient revenue increased by 91%. Median uncompensated care as a percentage of gross patient revenue increased from 3.7% to 4.6% from 1995 to 2003.
- Oregon's hospitals are experiencing declining operating margins, which reflect hospital financial performance based on its primary activity – direct patient care. The statewide median operating margin was 3.9% in 1995 declining to 2.3% in 2003.
 - DRG hospitals show the strongest operating margins throughout the 1995 to 2003 time period (median value 4.6% in 1995 and 3.5% in 2003).
 - Type A rural hospitals had negative median operating margins in seven of the nine years (median value of -0.3% in 1995 and -2.2% in 2003).
 - Type B rural hospitals also declined but remained positive during the time period, showing a median operating margin of 2.1% in 2003, down from 3.2% in 1995.

¹ Woodland Park Hospital reopened in late 2004 as Physician's Hospital.

- Median total margin, which reflects hospital financial performance based on its overall activities, declined from 5.1% to 3.8% between 1995 and 2003 for Oregon hospitals overall.
 - DRG hospitals experienced the strongest median total margin as well – 5.3% in 1995 and 5.2% in 2003.
 - Type A rural hospitals had the lowest median total margin of 4.7% in 1995 and 0.8% in 2003.
 - Type B rural hospitals showed a median total margin of 4.4% in 1995 and 3.6% in 2003.
- Non-physician staffing in hospitals increased by 36% between 1995 and 2003, outpacing the increase in admissions during the same time period. The non-physician staff FTE per 100 adjusted admissions increased by 10% between 1995 and 2003.
- In 2003, 63% of Oregon’s hospitals are part of a hospital system and 80% of all discharges are from hospitals in a system. The two largest hospital systems, Providence and Legacy, accounted for nearly one-third of all discharges (33%) from Oregon hospitals in 2003.

CHAPTER 1

INTRODUCTION

When Americans think about health care, they often conjure images of a hospital – the place they delivered a baby, the facility where their father had surgery or their last trip to the emergency room. Hospitals are an important part of the health care system, and hospital costs are the largest component of health care spending, accounting for 31.3% of the \$1.5 trillion in national health care expenditures in 2002.¹ In 2003, Oregon’s 60 acute care hospitals employed more than 51,000 people (not including physicians), accounted for more than 377,000 inpatient discharges and almost 8 million outpatient visits. Oregon hospitals are valuable members of the community and key players in the health care arena. To inform health care policymaking, it is critical to understand the financial and service trends in the hospital industry.

This report analyzes the capacity, utilization and financial trends in Oregon hospitals, comparing data from 1995, the first full year of the Oregon Health Plan (OHP), to 2003, the most current data available. Comparing 1995 to 2003 also captures major federal legislative changes that had substantial impact on hospital revenue:

- The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers adopt electronic transaction standards, data security and patient information privacy protocols.
- The federal Balanced Budget Act (BBA) of 1997 mandated Medicare payment reductions for most hospital-based services (e.g., inpatient acute care, outpatient care, home health care, skilled nursing care) and created the Critical Access Hospital Program.
- The Balanced Budget Refinement Act (BBRA) of 1999 restored some of the hospital Medicare funding cut in the BBA, dependent on the type of entity and its individual situation.
- The Benefits Improvement and Protection Act (BIPA) of 2000 established improved Medicare and Medicaid reimbursement for rural and critical access hospitals.

This report is organized as follows:

- Chapter 2 focuses on trends in hospital *capacity*; the number of Oregon hospitals, number of beds and occupancy.
- Chapter 3 focuses on composition of the hospital *workforce* and trends by occupational category.
- Chapter 4 addresses the *utilization* of hospital services and outlines trends in discharges, outpatient visits, and average lengths of stay.

¹ Centers for Medicare and Medicaid Services, Office of the Actuary, Table 2: National Health Expenditures Aggregate Amounts and Average Annual Percent Change, by Type of Expenditure: Selected Calendar Years 1980-2002. Available at <http://www.cms.hhs.gov/statistics/nhe/historical/t2.asp>. [July 18, 2004].

- Chapter 5 discusses *financial* trends in Oregon hospitals since 1995, including an analysis of revenues, expenditures, and operating margins.

Hospital Reimbursement Classifications

Medicare and Medicaid account for almost 50% of all hospital reimbursement in Oregon, so how hospitals are classified for reimbursement under these programs has direct impact on their financial status. Categories or designations of particular note for this report are the differences between DRG hospitals (*see definition below*), Critical Access Hospitals, and for Medicaid, Type A and Type B hospitals.

DRG Hospitals. Since 1984, hospitals have been reimbursed for care provided to Medicare patients under the Prospective Payment System (PPS). Under the PPS system, hospitals receive a fixed payment for each patient based on which diagnosis-related group (DRG) the patient's diagnosis falls into. The Centers for Medicare and Medicaid Services (CMS) publishes the standard rate every year in the Federal Register, but actual reimbursements are hospital-specific because of various adjustment factors. Payments are not affected by what costs are actually incurred by the patient during his or her hospital stay.

Twenty-eight of Oregon's 60 hospitals are classified as DRG hospitals for Medicare reimbursement in 2003:

Table 1.01
Oregon's DRG Hospitals, 2003

Albany General Hospital	Providence Medford Medical Center
Bay Area Hospital in Coos Bay	Providence Milwaukie Hospital
Eastmoreland Hospital	Providence Portland Medical Center
Good Samaritan Hospital in Corvallis	Providence St. Vincent Medical Center in Portland
Kaiser Sunnyside Medical Center*	Rogue Valley Medical Center in Medford
Legacy Emanuel Medical Center in Portland	Sacred Heart Medical Center in Eugene
Legacy Good Samaritan Medical Center in Portland	Salem Hospital
Legacy Meridian Park Hospital in Tualatin	Three Rivers Community Hospital in Grants Pass
Legacy Mt. Hood Medical Center in Gresham	Tuality Community Hospital in Hillsboro**
McKenzie-Willamette Hospital in Springfield	Tuality Forest Grove Hospital**
Merle West Medical Center in Klamath Falls	St. Charles Medical Center in Bend
Mercy Medical Center in Roseburg	Willamette Falls Hospital in Oregon City
Oregon Health and Science University (OHSU) Hospital in Portland	Willamette Valley Medical Center in McMinnville
Portland Adventist Medical Center	Woodland Park Hospital

* Kaiser Sunnyside Medical Center has an integrated system that makes tracking of financial information difficult. It is therefore not included in statistics based on financial data.

**Tuality Community Hospital and Tuality Forest Grove are reported as Tuality HealthCare in all statistics based on financial data.

Critical Access Hospitals. According to the Oregon Office of Rural Health, approximately 80% of Oregon's population lives in non-urban counties. Twenty-six percent lives in counties designated as either rural or frontier, and 54% in counties with a mix of urban and rural areas.

In 1997, recognizing the specific vulnerabilities faced by hospitals operating in rural areas, Congress created the Medicare Rural Hospital Flexibility Program, which established a hospital payment classification called Critical Access Hospitals (CAH). Critical Access Hospitals receive enhanced Medicare reimbursement (101% of reasonable costs for inpatient, outpatient and laboratory services); this, along with other potential benefits of the classification, is aimed at improving the financial stability of rural hospitals.

In order to qualify as a CAH, a hospital must meet the following requirements²:

- Be located 15 miles from another hospital, or certified by the State as being a necessary provider;
- Be located in a rural area or classified by the Secretary as rural in an urban county if located in a census tract that is considered rural under the most recent update of the Goldsmith Modification; or located in an area designated by State law or regulation as a rural area or designated by the state as rural providers; or meets other criteria as specified by the Secretary;
- Limit bed size to 25 except in any combination of acute inpatient and swing beds;
- Have an annual average length of stay of less than 96 hours;
- Make available 24 hour emergency services and nursing services but need not meet all the staffing and service requirements that apply to other hospitals;
- Participate in a rural health network, which is defined as an organization consisting of at least one CAH and at least one non-CAH hospital where participants have entered into specific agreements regarding patient referral and transfer, communication, and
- Establish credentialing and quality assurance agreements with at least one network partner hospital, a Quality Improvement Organization or equivalent, or another entity identified in the rural health plan of the state.

² Oregon Office of Rural Health, Oregon Health & Science University, <http://www.ohsu.edu/oregonruralhealth/cahinfo.htm>, <November 2004>.

Twenty-one of Oregon's hospitals are currently classified as Critical Access Hospitals. They are:

Table 1.02
Oregon's Critical Access Hospitals (CAH), 2003

Blue Mountain Hospital in John Day	Providence Hood River Hospital
Coquille Hospital	Providence Seaside Hospital
Cottage Grove Hospital	Samaritan North Lincoln Hospital in Lincoln City
Curry General Hospital in Gold Beach	Samaritan Pacific Communities Hospital in Newport
Grand Ronde Hospital in La Grande	Southern Coos Hospital in Bandon
Harney District Hospital in Burns	St. Anthony Hospital in Pendleton
Lake District Hospital in Lakeview	St. Elizabeth Hospital in Baker City
Lower Umpqua Hospital in Reedsport	Tillamook County General Hospital
Peace Harbor Hospital in Florence	Wallowa Memorial Hospital in Enterprise
Pioneer Memorial Hospital in Heppner	West Valley Hospital in Dallas
Pioneer Memorial Hospital in Prineville	

Type A, B and C Hospitals. In 1987, the Oregon State Legislature granted authority to the Office of Rural Health to categorize rural hospitals into three classifications:

- Type A hospitals are small and remote, have 50 or fewer beds and are greater than 30 miles from another acute inpatient care facility;
- Type B hospitals are small and rural and have 50 or fewer beds, and are 30 miles or less from another acute inpatient care facility; and
- Type C hospitals are considered rural and have more than 50 beds, but are not a referral center.

Recognizing the financial susceptibility of small rural hospitals, the Legislature further directed the state Medicaid agency, the Office of Medical Assistance Programs (OMAP), to reimburse Type A hospitals at 100% of reasonable costs. Type B hospitals were added to the 100% Medicaid reimbursement in 1989. Type C hospitals, while considered rural, are treated as DRG hospitals for Medicare and Medicaid reimbursement for services.

There are 12 Type A hospitals in Oregon:

Table 1.03
Oregon's Type A Rural Hospitals

Blue Mountain Hospital in John Day	Lake District Hospital in Lakeview
Curry General Hospital in Gold Beach	Pioneer Memorial Hospital in Heppner
Good Shepard Community Hospital in Hermiston	St. Anthony Hospital in Pendleton
Grande Ronde Hospital in La Grande	St. Elizabeth Hospital in Baker City
Harney District Hospital in Burns	Tillamook County General Hospital
Holy Rosary Medical Center in Ontario	Wallowa Memorial Hospital in Enterprise

There are 20 Type B hospitals in the state:

Table 1.04
Oregon's Type B Rural Hospitals

Ashland Community Hospital	Providence Newberg Hospital
Columbia Memorial Hospital in Astoria	Providence Seaside Hospital*
Coquille Valley Hospital* (also CAH)	Samaritan Lebanon Community Hospital
Cottage Grove Community Hospital*	Samaritan North Lincoln Hospital in Lincoln City*
Lower Umpqua Hospital in Reedsport*	Samaritan Pacific Communities Hospital in Newport*
Mid-Columbia Medical Center in The Dalles	Santiam Memorial Hospital in Stayton
Mountain View Hospital in Madras	Silverton Hospital
Peace Harbor Hospital in Florence*	Southern Coos Hospital in Bandon*
Pioneer Memorial Hospital in Prineville*	St. Charles Hospital in Redmond
Providence Hood River Hospital*	West Valley Hospital in Dallas*

*Also a Critical Access Hospital

There are three Type C rural hospitals in Oregon. While classified as rural by the Oregon Office of Rural Health, these hospitals are treated as DRG hospitals for Medicare and Medicaid reimbursement.

Table 1.05
Oregon's Type C Rural Hospitals

Mercy Medical Center in Roseburg	Willamette Valley Medical Center in McMinnville
Three Rivers Community Hospital in Grants Pass	

Trends

Statewide. Table 1.06 summarizes some of the major statewide trends in Oregon hospitals, showing overall growth concurrent with some reductions in capacity.

Table 1.06
Summary of Trends: Oregon Acute Care Hospitals, 1995 & 2003

	1995	2003	% Change
State Population	3,182,690	3,541,500	11.3%
Number of Hospitals	63	60	-4.8%
Staffed Beds	6,633	6,200	-6.5%
Total Non-Physician Workforce FTE	29,522	40,009	35.5%
Non-Physician FTE/100 Adj Admissions	5.7	6.3	10.3%
Inpatient Hospital Discharges	306,578	377,274	23.1%
Acute Inpatient Days	1,163,453	1,458,130	25.3%
Adjusted Admissions	521,005	640,094	22.9%
Occupancy Rate (%)	48.1%	64.4%	34.1%
Average Length of Stay (days)	3.8	3.9	1.8%
Outpatient Visits	6,058,958	7,979,000	31.7%
Gross Patient Revenue (\$millions)*	4,482.5	8,553.8	90.8%
Total Operating Revenues (\$millions)*	3,331.5	5,127.8	53.9%
Total Operating Expenses (\$millions)*	3,168.6	4,895.0	54.5%

*Adjusted to 2003 dollars

Kaiser hospitals are not included in financial and adjusted admissions data elements. Bess Kaiser Hospital's discharge data were not included in 1995 data; the hospital closed in 1997. The data would have increased 1995 discharges by 13,094.

Data Sources: Hospital Discharge Data, Databank, Portland State University Population Research Center, Annual Oregon Hospital Surveys, Hospital Financials. See Appendix IV for details on specific data sources and calculations.

Four hospitals merged or consolidated operations between 1995 and 2003, and the number of staffed beds decreased by 6%. Despite a decline in overall capacity, average length of stay remained steady, while non-physician staff FTE per 100 adjusted admissions³ increased from 5.7 to 6.3 FTE and occupancy rate increased from 48% to 64%.

DRG Hospitals. In 2003, 28 of the 60 acute care general hospitals in Oregon were classified as DRG, three fewer than in 1995 due to hospital closures or consolidations. Bess Kaiser Hospital's operations were transferred to the Sunnyside Kaiser Hospital in Clackamas County or contracted to other hospitals. Roseburg's Douglas Community

³ Adjusted admissions is a measure of all patient care activity in a hospital, including both inpatient and outpatient care. Where the "number of outpatient visits" treats a visit for a lab test as equivalent to an outpatient surgery, "adjusted admissions" expresses the volume of outpatient admissions that could have been produced with the same amount of resources as for the sum of inpatient visits, which is then added to the inpatient visit number. An equivalent calculation multiplies outpatient visits by the ratio of total gross patient revenue to total inpatient charges.

Hospital was bought by Triad, a for-profit company, but closed after Triad had difficulties making the hospital profitable. During the same time period, four hospitals merged or consolidated operations: Tuality Forest Grove Hospital and Tuality Community Hospital consolidated operations as Tuality HealthCare, and Three Rivers Community Hospital (Washington) was converted into an outpatient-only portion of Three-Rivers Community Hospital and Health Center. Additionally, two hospitals closed in January 2004: Eastmoreland Hospital and Woodland Park Hospital, both located in Portland (Woodland Park Hospital reopened as Physician's Hospital in late 2004). These closures and mergers follow a national trend of consolidation of hospital resources.

Table 1.07
Summary of Trends: Oregon DRG Acute Care Hospitals, 1995 & 2003

	1995	2003	% Change
Number of Hospitals	31	28	-9.7%
Staffed Beds	5,530	5,163	-6.6%
Total Non-Physician Workforce FTE	24,308	33,491	37.8%
Non-Physician FTE/100 Adj Admissions	5.7	6.4	12.4%
Inpatient Hospital Discharges	261,499	324,614	24.1%
Acute Inpatient Days	1,028,110	1,311,922	27.6%
Adjusted Admissions	427,459	523,993	22.6%
Occupancy Rate (%)	50.9%	69.6%	36.7%
Average Length of Stay (days)	3.9	4.0	2.8%
Outpatient Visits	4,873,158	6,603,481	35.5%
Gross Patient Revenue (\$millions)*	3,849.6	7,442.0	93.3%
Total Operating Revenues (\$millions)*	2,844.7	4,374.9	53.8%
Total Operating Expenses (\$millions)*	2,701.2	4,152.4	53.7%

*Adjusted to 2003 dollars

Kaiser hospitals are not included in financial and adjusted admissions data elements. Bess Kaiser Hospital's discharge data were not included in 1995 data; the hospital closed in 1997. The data would have increased 1995 discharges by 13,094.

Data Sources: Hospital Discharge Data, Databank, Portland State University Population Research Center, Annual Oregon Hospital Surveys, Hospital Financials. See Appendix IV for details on specific data sources and calculations.

Trends in DRG hospitals (Table 1.07) are consistent with statewide trends, primarily because they make up the majority of hospital volume. DRG hospitals account for approximately 86% of statewide discharges and gross patient revenue. Since 1995, there has been a 12% increase in non-physician FTE per adjusted admission and no change in average length of stay.

Rural. Table 1.08 presents trends for rural hospitals, which vary substantially from statewide and DRG trends and also differ between Type A and Type B rural hospitals. There were no rural hospital closures between 1995 and 2003.

Table 1.08
Summary of Trends: Oregon Rural Acute Care Hospitals, 1995 & 2003

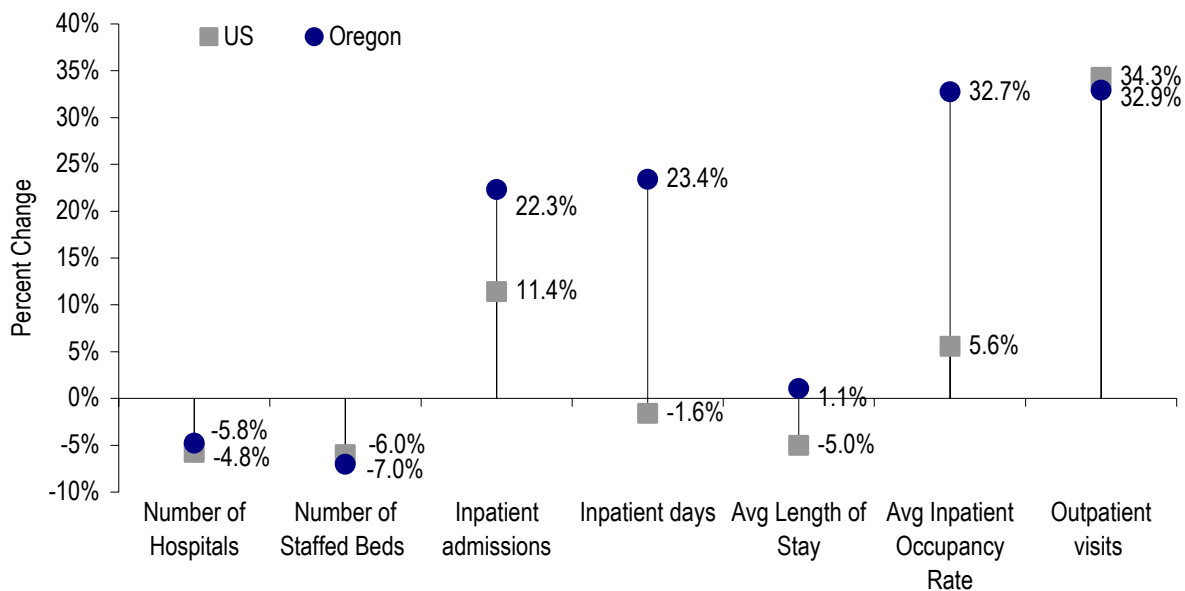
	Type A			Type B		
	1995	2003	% Change	1995	2003	% Change
Number of Hospitals	12	12	0.0%	20	20	0.0%
Staffed Beds	435	381	-12.5%	668	656	-1.7%
Total Non-Physician Workforce FTE	1,777	2,150	21.0%	3,438	4,367	27.0%
Non-Physician FTE/100 Adj Admissions	5.3	4.7	-10.1%	5.1	4.9	-5.1%
Inpatient Hospital Discharges	15,470	18,524	19.7%	29,609	34,136	15.3%
Acute Inpatient Days	48,252	51,519	6.8%	87,091	94,689	8.7%
Adjusted Admissions	33,814	45,509	34.6%	67,240	89,992	33.8%
Occupancy Rate (%)	30.4%	37.1%	22.1%	35.7%	39.5%	10.6%
Average Length of Stay (days)	3.1	2.8	-10.8%	2.9	2.8	-5.7%
Outpatient Visits	380,390	376,689	-1.0%	805,410	998,830	24.0%
Gross Patient Revenue (\$millions)*	231.7	346.0	49.3%	401.2	765.8	90.9%
Total Operating Revenues (\$millions)*	174.9	240.1	37.2%	311.9	512.8	64.4%
Total Operating Expenses (\$millions)*	166.5	242.4	45.6%	300.9	500.2	66.2%

*Adjusted to 2003 dollars

Data Sources: Hospital Discharge Data, Databank, Portland State University Population Research Center, Annual Oregon Hospital Surveys, Hospital Financials. See Appendix IV for details on specific data sources and calculations.

National. While most of this report focuses on the 1995 to 2003 time frame, 2002 is the most recent national data available, therefore comparison of Oregon to national trends is restricted to the 1995 to 2002 time frame. Figure 1.01 shows that Oregon experienced a decline similar to the U.S. in the number of hospitals and staffed beds. Oregon's outpatient experience mirrors the national experience as well. However, Oregon differs from the nation in its growth of both inpatient admissions and total patient days as well as a significant increase (33%) in occupancy rates. Average length of stay increased slightly in Oregon (1%) while decreasing an average of 5% nationally.

Figure 1.01
National and State Hospital Trends
Percent Change, 1995 to 2002



Note: Bess Kaiser Hospital's discharge data were not included in 1995 data; the hospital closed in 1997. The data would have increased 1995 discharges by 13,094.

Data Sources: American Hospital Association Annual Survey, 1995 and 2002.

Hospital Ownership

Ownership can affect the mission of a hospital, its ability to access capital, its financial situation, the type of services it provides, and the type of patient it sees. Most of Oregon is served by not-for-profit hospitals. Three of Oregon's 60 hospitals were for-profit in 2003, one less than in 1995. Douglas Community Hospital, a for-profit, closed shortly after being bought by Triad, a for-profit national company⁴. (See Appendix I for information on individual hospitals.)

Table 1.09 illustrates the relationship of individual hospitals to hospital systems. Statewide, 63% of hospitals are in a hospital system.

Table 1.09
Hospital Systems in Oregon, 2003

System Name	Statewide		
	Number of Hospitals	Staffed Beds	Discharges
Adventist Health System/West	2	255	12,847
Asante Health System	2	374	24,056
Cascade Healthcare Community, Inc.	2	220	16,472
Catholic Health Initiatives	4	284	18,339
Kaiser Foundation	1	183	14,238
Legacy Health System	4	856	48,805
Pacific Health Horizons	2	399	20,768
PeaceHealth	3	428	28,797
Providence Health System - Oregon	7	1063	75,641
Samaritan Health Services	5	320	19,949
Symphony Healthcare	2	178	2,113
Triad Health	2	181	11,932
Tuality Healthcare	2	129	8,009
All Systems	38	4869	301,966
Hospitals with No System Affiliation	22	1331	75,308
All Hospitals	60	6200	377,274
System Hospitals as % of Total	63.3%	78.5%	80.0%

Data Sources: Internal OHPR records (systems), Databank (staffed beds), Hospital Discharge Data (discharges)

⁴ The two hospital closures in January 2004 were for-profit hospitals.

CHAPTER 2

HOSPITAL CAPACITY

Hospital capacity is made up of two components: the number of beds, as a measure of absolute capacity, and occupancy rates as a measure of hospital efficiency.

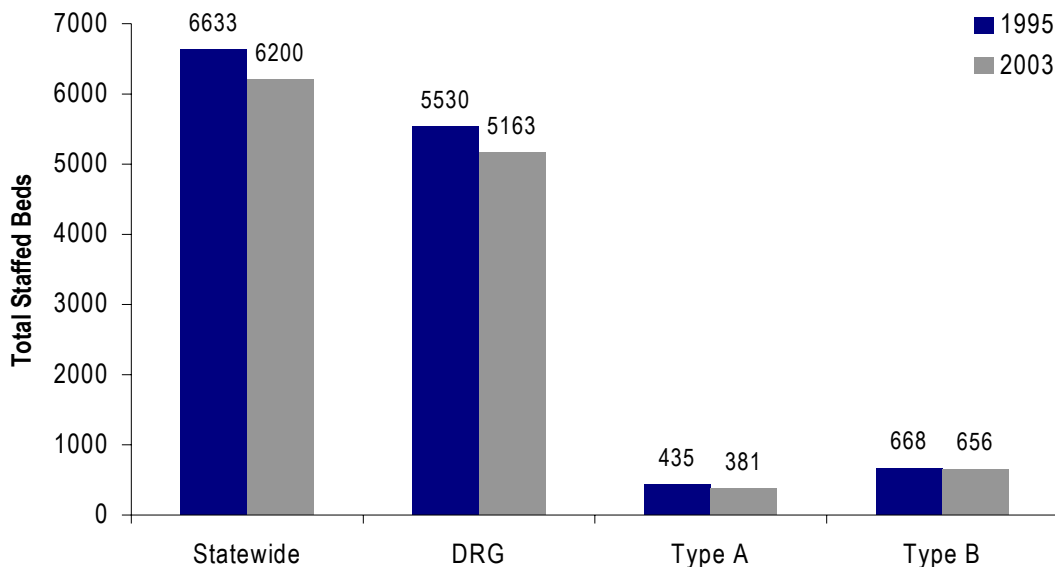
Bed Capacity

Two terms commonly applied when discussing hospital bed capacity are licensed beds and staffed beds. Licensed beds are the maximum number of beds for which a hospital is licensed to operate in Oregon. Most hospitals do not operate all of the beds for which they are licensed. Staffed beds are beds that are licensed, set-up and for which there are staff on hand to attend to the patient who occupies the bed.

In 2003, Oregon had 1.9 licensed hospital beds per 1,000 people. While it is difficult to define the optimal capacity for hospital beds in a community, the average number of licensed hospital beds per 1,000 people was 2.8 in the U.S. in 2002. Nationally, the number of licensed hospital beds per 1,000 people ranged from a high of 6.1 in North Dakota to 1.9 in New Mexico, Utah, Washington and Oregon in 2002.⁵

Figure 2.01 displays total staffed beds by hospital type, and Table 2.01 exhibits the change in numbers of staffed beds for each DRG hospital in the state.

Figure 2.01
Bed Capacity in Oregon Acute Care Hospitals, 1995 & 2003



Data Source: Databank

⁵ Kaiser Family Foundation, State Health Facts, <http://www.statehealthfacts.kff.org/> <November 24, 2003>.

In 2003, *DRG* hospitals ranged in size from 56 to 447 staffed beds. Hospitals were generally not staffed to full capacity: of 6,661 licensed beds in 2003, only 5,163 were staffed, or 78% of the total licensed. In 1995, DRG hospitals included three additional inpatient hospitals and 5,530 total staffed beds, reflecting an overall decrease in staffed beds of about 7%. These overall trends, however, mask the variation in changes among individual DRG hospitals. For example, the number of staffed beds declined 35% at Legacy Mt. Hood Medical Center but increased by 62% at Providence St. Vincent Medical Center between 1995 and 2003.

Overall, there have been similar declines in bed capacity among *rural* hospitals. Type A hospitals experienced a 12% decrease in staffed beds, from 435 in 1995 to 381 in 2003, while Type B hospitals experienced a 2% increase, from 668 in 1995 to 656 in 2003. In 2003, staffed beds range from 12 to 55 in rural hospitals; recall that Type A and Type B hospitals, by definition, have fewer than 50 beds⁶. Eighty-six percent of licensed beds are staffed in Type A and Type B rural hospitals combined. Individual hospitals also vary in the addition or removal of staffed beds between 1995 and 2003 (Table 2.02).

⁶ Holy Rosary reduced the number of staffed beds from 74 to 49 in April 2003.

Table 2.01
Bed Capacity in Oregon DRG Hospitals, 1995 and 2003

Facility Name	2003 Licensed Beds	1995 Staffed Beds	2003 Staffed Beds	% Change Staffed beds
Adventist Medical Center	302	222	225	1.4%
Bay Area Hospital	172	129	120	-6.7%
Bess Kaiser Hospital	[closed]	214	[closed]	--
Columbia Douglas Medical Center	[closed]	117	[closed]	--
Eastmoreland Hospital	100	77	77	0.0%
Forest Grove Community Hospital	[merged]	48	[merged]	--
Good Samaritan Regional Medical Center (Corvallis)	188	148	134	-9.5%
Kaiser Sunnyside Medical Center	196	189	183	-3.0%
Legacy Emanuel Hospital	554	411	385	-6.3%
Legacy Good Samaritan Hospital and Medical Center	539	305	275	-9.9%
Legacy Meridian Park Hospital	150	116	133	14.7%
Legacy Mt. Hood Medical Center	115	97	63	-35.0%
McKenzie-Willamette Medical Center	114	114	114	0.0%
Mercy Medical Center	149	96	149	55.2%
Merle West Medical Center	176	151	131	-13.2%
OHSU Hospital	509	353	447	26.5%
Providence Medford Medical Center	168	152	124	-18.6%
Providence Milwaukie Hospital	75	55	56	1.7%
Providence Portland Medical Center	483	451	374	-17.1%
Providence St. Vincent Medical Center	451	244	396	62.3%
Rogue Valley Medical Center	305	277	276	-0.4%
Sacred Heart Medical Center	432	408	395	-3.2%
Salem Hospital	454	370	385	3.9%
Samaritan Albany General Hospital	76	71	64	-9.9%
St. Charles Medical Center (Bend)	181	169	172	1.8%
Three Rivers Community Hospital (Washington)	[outpatient only]	63	[outpatient only]	--
Three Rivers Community Hospital and Health Center	125	81	98	21.0%
Tuality Healthcare*	215	129	129	0.0%
Willamette Falls Hospital	143	100	91	-9.0%
Willamette Valley Medical Center	80	50	67	34.0%
Woodland Park Hospital	209	123	101	-17.9%
Total DRG Hospitals	6661	5530	5163	-6.6%

*Tuality HealthCare includes both Tuality Community Hospital and Tuality Forest Grove Hospital.

Data Source: Databank

Table 2.02
Bed Capacity in Oregon Rural Hospitals, 1995 and 2003

FacilityName	2003 Licensed Beds	1995 Staffed Beds	2003 Staffed Beds	% Change Staffed beds
TYPE A				
Blue Mountain Hospital	25	22	19	-14.0%
Curry General Hospital	24	24	24	0.0%
Good Shepherd Medical Center	49	45	45	0.0%
Grande Ronde Hospital	49	49	49	0.0%
Harney District Hospital	44	38	27	-29.4%
Holy Rosary Medical Center	85	74	55	-25.3%
Lake District Hospital	15	21	15	-28.6%
Pioneer Memorial Hospital (Heppner)	12	12	12	0.0%
St. Anthony Hospital	49	49	49	0.0%
St. Elizabeth Health Services	31	42	31	-27.4%
Tillamook County General Hospital	49	30	30	0.0%
Wallowa Memorial Hospital	25	29	25	-13.8%
Total Type A Hospitals	456	435	381	-12.5%
TYPE B				
Ashland Community Hospital	49	37	37	0.0%
Columbia Memorial Hospital	49	37	37	0.0%
Coquille Valley Hospital	23	30	18	-41.7%
Cottage Grove Community Hospital	12	31	12	-62.1%
Lower Umpqua Hospital	17	18	14	-22.2%
Mid-Columbia Medical Center	49	49	49	0.0%
Mountain View Hospital	36	36	31	-13.9%
Peace Harbor Hospital	21	21	21	0.0%
Pioneer Memorial Hospital (Prineville)	35	25	35	40.0%
Providence Hood River Memorial Hospital	32	31	31	-0.8%
Providence Newberg Hospital	35	35	35	0.2%
Providence Seaside Hospital	55	26	47	81.1%
Samaritan Lebanon Community Hospital	49	42	49	16.7%
Samaritan North Lincoln Hospital	37	29	31	8.8%
Samaritan Pacific Communities Hospital	48	42	42	0.0%
Santiam Memorial Hospital	40	40	40	0.0%
Silverton Hospital	48	38	48	26.3%
Southern Coos Hospital and Health Center	24	18	18	0.0%
St. Charles Medical Center (Redmond)	48	47	48	2.1%
West Valley Community Hospital	42	36	14	-60.4%
Total Type B Hospitals	748	668	656	-1.7%
Total Rural Hospitals	1204	1103	1037	-5.9%

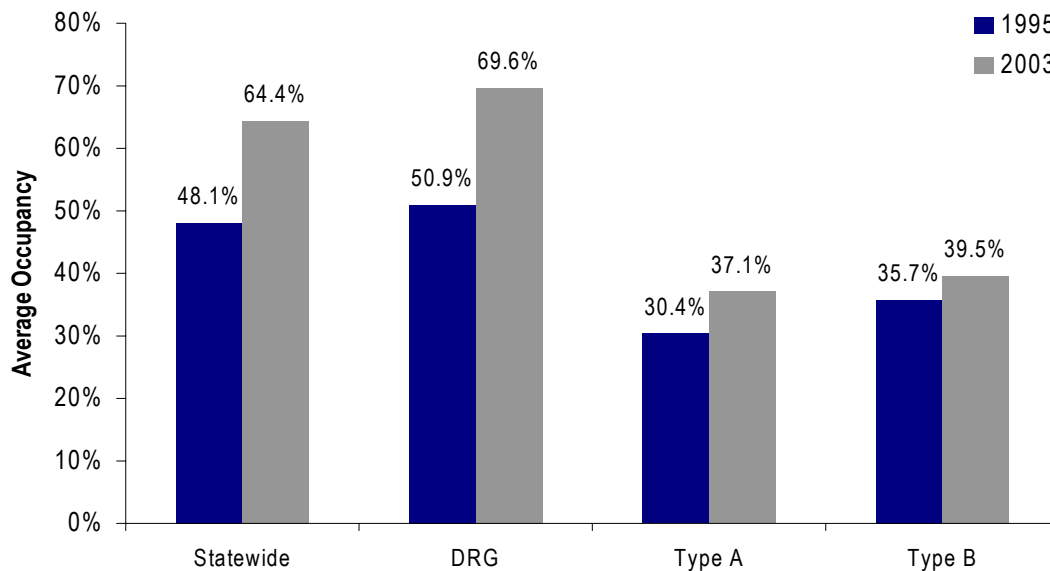
Data Source: Databank

Occupancy

Occupancy rates are useful for statewide health planning and assessment and have generally been regarded as an indicator of hospital efficiency. The occupancy rate is a calculation used to show the actual utilization of an inpatient health facility over a specific time period. Two data items are required in order to calculate an accurate occupancy rate: number of inpatient days and bed days available. Since the data available represents average number of staffed beds rather than the actual daily number, occupancy rates reported below should be interpreted as an average and not a true representation of occupancy, which may have fluctuated significantly during a given time period.

Figure 2.02 displays overall occupancy rates by hospital type, and Tables 2.03 and 2.04 present 1995 and 2003 occupancy rates for DRG and rural hospitals, respectively.

Figure 2.02
Occupancy, Oregon Acute Care Hospitals, 1995 & 2003



Data Source: Databank (beds), Hospital Discharge Data (length of stay). See Appendix IV for details on specific data sources and calculations.

Table 2.03
Occupancy in Oregon DRG Hospitals, 1995 and 2003

FacilityName	1995 Occupancy	2003 Occupancy	% Change
Adventist Medical Center	47.7%	59.4%	24.5%
Bay Area Hospital	53.0%	67.3%	27.0%
Bess Kaiser Hospital	[not available]	[closed]	--
Columbia Douglas Medical Center	29.2%	[closed]	--
Eastmoreland Hospital	22.0%	13.2%	-40.1%
Forest Grove Community Hospital	16.1%	[merged]	--
Good Samaritan Regional Medical Center (Corvallis)	45.7%	70.4%	54.1%
Kaiser Sunnyside Medical Center	65.0%	76.3%	17.4%
Legacy Emanuel Hospital	51.5%	75.0%	45.7%
Legacy Good Samaritan Hospital and Medical Center	49.5%	61.1%	23.4%
Legacy Meridian Park Hospital	56.2%	56.9%	1.2%
Legacy Mt. Hood Medical Center	37.3%	71.5%	91.7%
McKenzie-Willamette Medical Center	41.4%	52.6%	27.2%
Mercy Medical Center	64.2%	73.4%	14.3%
Merle West Medical Center	49.3%	52.5%	6.7%
OHSU Hospital	69.5%	82.7%	19.1%
Providence Medford Medical Center	35.3%	61.5%	74.2%
Providence Milwaukie Hospital	36.5%	51.4%	40.7%
Providence Portland Medical Center	53.3%	76.0%	42.5%
Providence St. Vincent Medical Center	95.6%	99.1%	3.7%
Rogue Valley Medical Center	46.8%	63.9%	36.5%
Sacred Heart Medical Center	63.7%	77.7%	21.9%
Salem Hospital	59.9%	63.6%	6.2%
Samaritan Albany General Hospital	45.2%	45.7%	1.1%
St. Charles Medical Center (Bend)	57.9%	85.5%	47.7%
Three Rivers Community Hospital (Washington)	46.4%	[outpatient]	--
Three Rivers Community Hospital and Health Center	31.1%	74.4%	139.5%
Tuality Healthcare*	44.8%	62.2%	38.9%
Willamette Falls Hospital	42.8%	52.5%	22.7%
Willamette Valley Medical Center	45.1%	67.2%	49.0%
Woodland Park Hospital	27.7%	18.6%	-33.0%
DRG Hospital Average	50.9%	69.6%	36.7%

*Tuality HealthCare includes both Tuality Community Hospital and Tuality Forest Grove Hospital.

Data Source: Databank (beds), Hospital Discharge Data (length of stay). See Appendix IV for details on specific data sources and calculations.

Table 2.04
Occupancy in Oregon Rural Hospitals, 1995 and 2003

FacilityName	1995 Occupancy	2003 Occupancy	% Change
TYPE A			
Blue Mountain Hospital	10.3%	13.8%	34.1%
Curry General Hospital	[not available]	21.3%	–
Good Shepherd Medical Center	47.8%	56.0%	17.2%
Grande Ronde Hospital	39.0%	42.6%	9.3%
Harney District Hospital	6.3%	17.1%	173.3%
Holy Rosary Medical Center	53.0%	58.0%	9.4%
Lake District Hospital	13.2%	27.6%	108.1%
Pioneer Memorial Hospital (Heppner)	9.9%	7.3%	-26.7%
St. Anthony Hospital	36.4%	37.2%	2.1%
St. Elizabeth Health Services	25.7%	35.6%	38.2%
Tillamook County General Hospital	40.3%	38.5%	-4.5%
Wallowa Memorial Hospital	10.4%	20.4%	96.8%
Type A Average	30.4%	37.1%	22.1%
TYPE B			
Ashland Community Hospital	38.3%	49.7%	29.7%
Columbia Memorial Hospital	51.9%	51.2%	-1.4%
Coquille Valley Hospital	8.7%	25.2%	190.0%
Cottage Grove Community Hospital	32.8%	[not available]	–
Lower Umpqua Hospital	28.9%	33.8%	17.0%
Mid-Columbia Medical Center	33.8%	52.1%	54.1%
Mountain View Hospital	23.7%	27.2%	14.8%
Peace Harbor Hospital	49.4%	49.8%	0.8%
Pioneer Memorial Hospital (Prineville)	38.7%	21.6%	-44.3%
Providence Hood River Memorial Hospital	42.6%	38.2%	-10.3%
Providence Newberg Hospital	34.4%	45.8%	33.2%
Providence Seaside Hospital	35.8%	23.2%	-35.2%
Samaritan Lebanon Community Hospital	69.8%	55.5%	-20.5%
Samaritan North Lincoln Hospital	44.3%	37.4%	-15.5%
Samaritan Pacific Communities Hospital	36.2%	31.1%	-14.0%
Santiam Memorial Hospital	19.1%	31.5%	65.4%
Silverton Hospital	47.6%	70.9%	48.9%
Southern Coos Hospital and Health Center	5.8%	16.3%	179.1%
St. Charles Medical Center (Redmond)	25.6%	39.8%	55.7%
West Valley Community Hospital	32.3%	11.8%	-63.3%
Type B Average	35.7%	39.5%	10.6%

Data Source: Databank (beds), Hospital Discharge Data (length of stay). See Appendix IV for details on specific data sources and calculations.

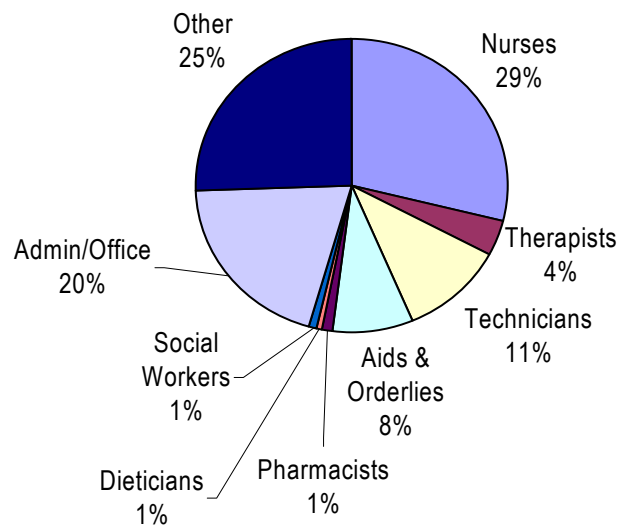
CHAPTER 3

WORKFORCE

Composition

Of over 40,000 non-physician hospital workforce FTE⁷ in Oregon in 2003, almost three-quarters (74%) was composed of nurses (29%), administrative and office staff (20%), and a growing occupational group of “other” workers (25%). Information technology workers likely drive the growth in this category; a category that national data suggests is growing rapidly⁸. Technicians (11%), aids and orderlies (8%), therapists (4%), dieticians (1%), pharmacists (1%), and social workers (1%) provide important additional services to hospital inpatients (Figure 3.01). The composition of workforce is in large part consistent across DRG and rural hospitals, except that Type B hospitals tend to have proportionally fewer nursing FTE (25%) than Type A or DRG hospitals (Type A 31%, DRG 30%). In fact, nursing comprised the largest proportion of total FTE in Type A and DRG hospitals, while “other” staff FTE was the largest component in Type B hospitals.

Figure 3.01
Composition of Hospital Workforce FTE in Oregon Acute Care Hospitals, 2003



Data Source: Annual Oregon Hospital Survey

⁷ A Full Time Equivalent (FTE) represents the proportion of full time work: one full-time worker accounts for 1.0 FTE, while a half-time worker accounts for 0.5 FTE. FTE reflects the amount of work hours devoted by staff, rather than the number of workers that may be working either full or part time.

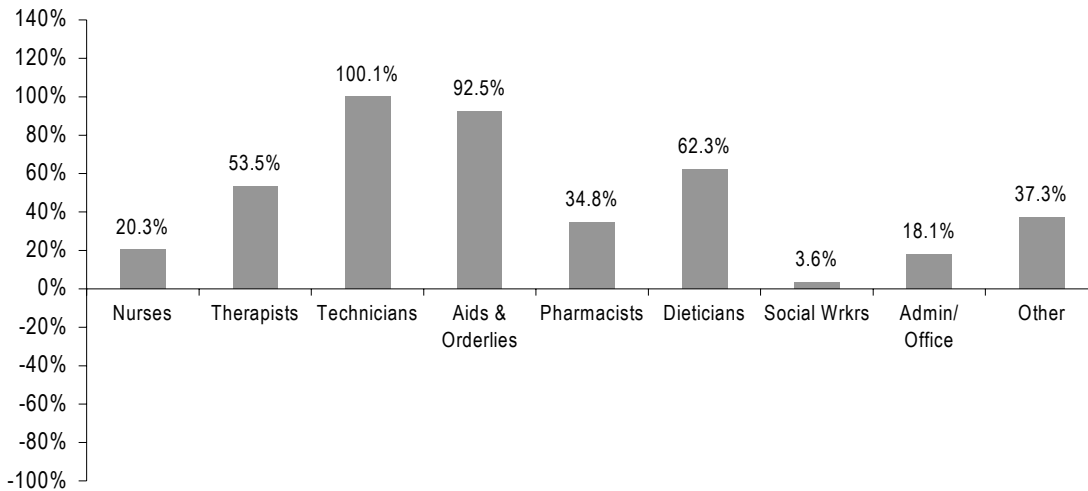
⁸ The Annual Oregon Hospital Survey, through 2003, did not break out technology workers; they are counted in the “other” category as are occupational groups such as cooks, housekeeping and maintenance.

Trends

Between 1995 and 2003, *statewide* non-physician hospital workforce FTE has increased overall from 29,522 in 1995 to 40,009 in 2003. Figure 3.02 exhibits changes by occupation.

Figure 3.02

Percent change in workforce FTE in Oregon Acute Care Hospitals, by Occupation, 1995 to 2003

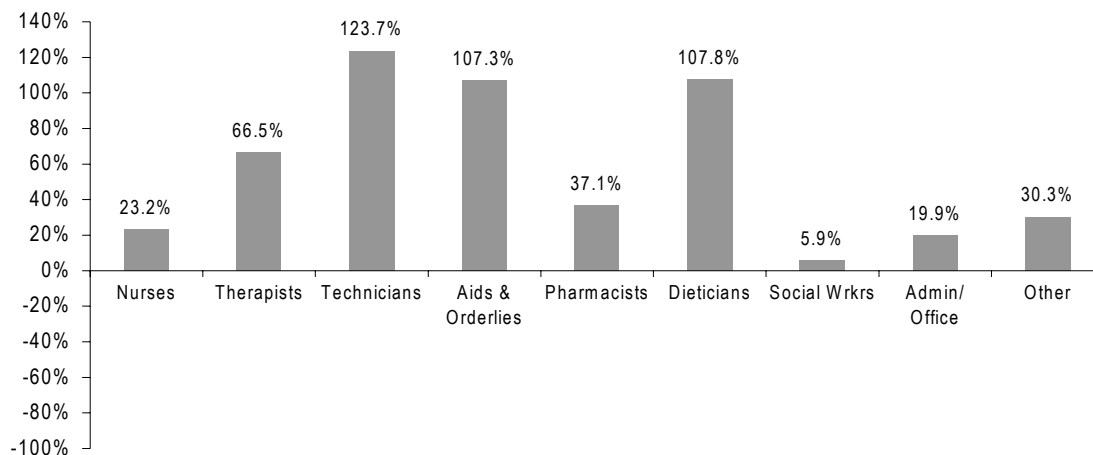


Data Source: Annual Oregon Hospital Survey

DRG hospitals contributed 84% of statewide non-physician hospital FTE in 2003, with 33,491 FTE (43,352 workers). Workforce trends in *DRG* hospitals (Figure 3.03) are similar but more dramatic than statewide trends, including larger relative increases in technicians (124%), aids and orderlies (107%), dieticians (108%), and therapists (66%).

Figure 3.03

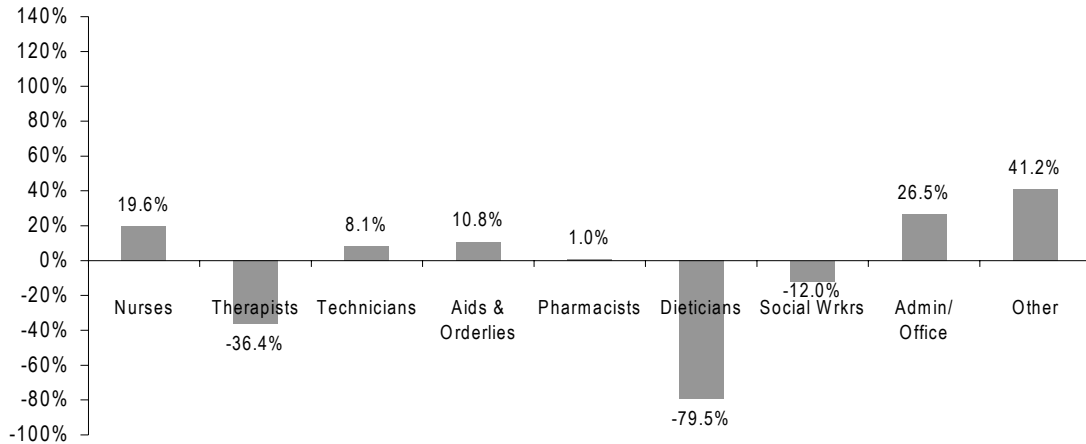
Percent change in workforce FTE in Oregon DRG Hospitals, by Occupation, 1995 to 2003



Data Source: Annual Oregon Hospital Survey

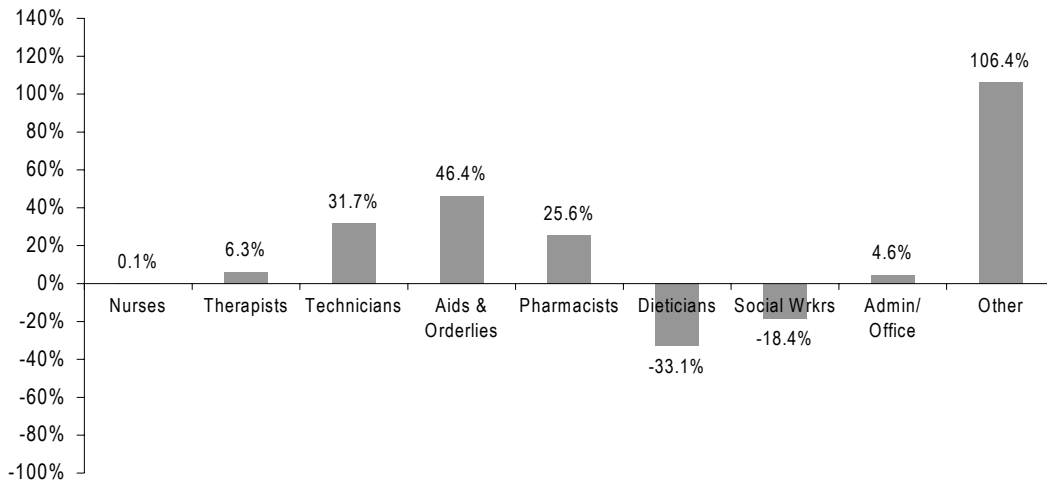
Rural hospitals have experienced different workforce trends than DRG hospitals (Figures 3.04 and 3.05), primarily through decreases in certain occupational groups. In Type A hospitals the largest declines were seen in the therapist (-36%) and dieticians groups (-80%), while Type B hospitals saw declines in the dietician (-33%) and social worker (-18%) groups.

Figure 3.04
Percent change in workforce FTE in Oregon Type A Hospitals, by Occupation, 1995 to 2003



Data Source: Annual Oregon Hospital Survey

Figure 3.05
Percent change in workforce FTE in Oregon Type B Hospitals, by Occupation, 1995 to 2003



Data Source: Annual Oregon Hospital Survey.

CHAPTER 4

UTILIZATION OF HOSPITAL SERVICES

Statewide, Oregon hospitals discharged 306,578 patients in 1995 and 377,274 patients in 2003, or a 23% increase over nine years. Hospitals play a critical role in health care and account for one-third of all health care expenditures, so it is important to understand how their resources are used.

Most Common Diagnosis-Related Groups (DRG)

Diagnosis-Related Groups (DRGs) classify hospital inpatient stays into groups similar in both clinical profile and resource intensity; in other words, a particular DRG generally captures individuals with similar conditions and procedures that are expected to, on average, cost a similar amount to treat.

Table 4.01 shows the ten most common reasons for hospitalization among Oregonians. Having a baby is the most common reason for a hospital stay, followed closely by psychoses, hip replacement surgery and pneumonia.

Table 4.01
Top Ten Diagnosis-Related Groups (Ranks by Volume) in Oregon Acute Care Hospitals, 2003

DRG	Description	Statewide	DRG	Type A	Type B
391	Normal newborn	1	1	1	1
373	Vaginal delivery without complicating diagnoses	2	2	2	2
430	Psychoses	3	3	--	--
209	Major joint & limb reattachment procedures of lower extremity	4	4	9	9
371	Cesarean section without CC	5	5	5	6
089	Simple pneumonia & pleurisy, age>17 with CC	6	6	3	3
127	Heart failure and shock	7	7	6	4
359	Uterine and adnexa procedure for non-malignancy without CC	8	8	8	
143	Chest Pain	9	10	4	5
500	Back & neck procedures except spinal fusion without CC	10	9	--	--
088	Chronic obstructive pulmonary disease	--	--	7	7
182	Espohagitis, gastroenterology & misc digestive disorders, age>17, with CC	--	--	10	8
174	GI hemorrhage with CC	--	--	--	10

CC=Complications and comorbidities

-- Indicates that the DRG is not ranked in the top ten for the hospital type

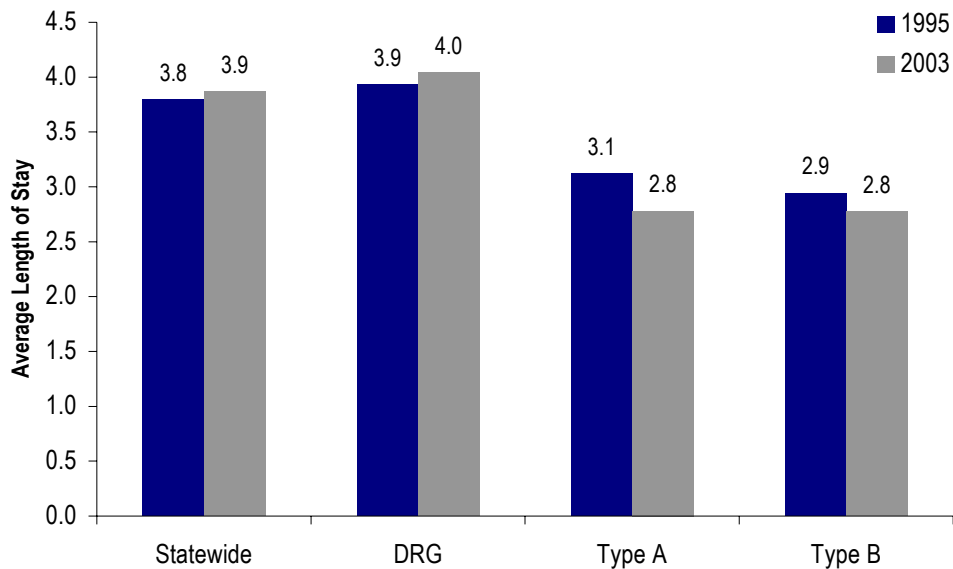
Data Source: Hospital Discharge Data

Average Length of Stay

Another aspect of understanding use of hospital resources is average length of stay because it is an important determinant of overall hospital costs. Changes in health insurance structure and in hospital resources are thought by some to impact the average length of stay. The optimal length of stay depends on the diagnoses, procedures, and other characteristics particular to any given hospital stay, so changes in length of stay can occur for many reasons (e.g., changes in practice patterns, demographic changes in the population served, patient comorbidities or technological improvements). As a result, assessing changes in average length of stay at the state level or by hospital type has limitations, but it is a first step in determining whether broad changes have occurred.

Figure 4.01 illustrates average length of stay statewide, as well as for DRG, Type A and Type B hospitals in both 1995 and 2003. Tables 4.02 and 4.03 show changes in average length of stay by hospital.

Figure 4.01
Average Length of Stay in Oregon Acute Care Hospitals, 1995 & 2003



Data Source: Hospital Discharge Data

Table 4.02
Average Length of Stay in Oregon DRG Hospitals, 1995 & 2003

FacilityName	1995 LOS	2003 LOS	% Change
Adventist Medical Center	3.7	4.2	16.3%
Bay Area Hospital	3.8	3.6	-5.1%
Bess Kaiser Hospital	[not available]	[closed]	--
Columbia Douglas Medical Center	3.7	[closed]	--
Eastmoreland Hospital	4.4	5.0	12.4%
Forest Grove Community Hospital	2.1	[merged]	--
Good Samaritan Regional Medical Center (Corvallis)	3.7	3.8	1.7%
Kaiser Sunnyside Medical Center	3.2	3.6	10.9%
Legacy Emanuel Hospital	4.5	5.1	14.3%
Legacy Good Samaritan Hospital and Medical Center	4.2	4.3	1.6%
Legacy Meridian Park Hospital	3.1	3.2	2.5%
Legacy Mt. Hood Medical Center	3.4	3.1	-10.4%
McKenzie-Willamette Medical Center	3.4	3.2	-3.5%
Mercy Medical Center	3.2	3.8	17.2%
Merle West Medical Center	3.7	3.4	-8.8%
OHSU Hospital	5.5	5.1	-7.4%
Providence Medford Medical Center	4.0	4.1	1.7%
Providence Milwaukie Hospital	2.8	2.8	-2.7%
Providence Portland Medical Center	4.4	4.2	-4.9%
Providence St. Vincent Medical Center	3.8	4.1	6.0%
Rogue Valley Medical Center	4.1	4.1	1.0%
Sacred Heart Medical Center	4.5	4.1	-9.8%
Salem Hospital	4.1	4.3	5.5%
Samaritan Albany General Hospital	3.0	2.6	-13.4%
St. Charles Medical Center (Bend)	3.6	3.9	8.5%
Three Rivers Community Hospital (Washington)	3.8	[outpatient]	--
Three Rivers Community Hospital and Health Center	2.7	3.1	14.4%
Tuality Healthcare*	3.2	3.7	14.7%
Willamette Falls Hospital	2.7	3.1	13.0%
Willamette Valley Medical Center	2.6	3.2	21.6%
Woodland Park Hospital	4.3	5.0	16.4%
Average DRG Hospitals	3.9	4.0	2.8%

*Tuality HealthCare includes both Tuality Community Hospital and Tuality Forest Grove Hospital.

Data Source: Hospital Discharge Data

Table 4.03
Average Length of Stay in Oregon Rural Hospitals, 1995 & 2003

FacilityName	1995 LOS	2003 LOS	% Change
TYPE A			
Blue Mountain Hospital	3.3	2.7	-18.8%
Curry General Hospital	[not available]	2.3	--
Good Shepherd Medical Center	3.0	2.7	-10.0%
Grande Ronde Hospital	3.4	2.9	-15.9%
Harney District Hospital	2.3	2.2	-3.9%
Holy Rosary Medical Center	3.2	2.7	-14.8%
Lake District Hospital	2.5	2.6	3.9%
Pioneer Memorial Hospital (Heppner)	4.0	2.0	-49.4%
St. Anthony Hospital	3.0	2.9	-2.2%
St. Elizabeth Health Services	3.3	3.2	-3.7%
Tillamook County General Hospital	3.0	3.1	1.8%
Wallowa Memorial Hospital	2.8	2.8	1.2%
Average Type A Hospitals	3.1	2.8	-10.8%
TYPE B			
Ashland Community Hospital	3.2	3.0	-5.2%
Columbia Memorial Hospital	2.6	2.7	3.9%
Coquille Valley Hospital	2.2	2.4	7.0%
Cottage Grove Community Hospital	2.9	[not available]	--
Lower Umpqua Hospital	3.6	3.4	-6.3%
Mid-Columbia Medical Center	3.3	3.3	-2.9%
Mountain View Hospital	2.8	2.4	-12.6%
Peace Harbor Hospital	3.4	3.0	-12.2%
Pioneer Memorial Hospital (Prineville)	3.4	2.8	-18.4%
Providence Hood River Memorial Hospital	2.5	2.4	-3.8%
Providence Newberg Hospital	2.7	2.8	3.1%
Providence Seaside Hospital	3.4	3.1	-10.8%
Samaritan Lebanon Community Hospital	3.0	3.1	3.0%
Samaritan North Lincoln Hospital	3.3	2.6	-19.6%
Samaritan Pacific Communities Hospital	3.1	2.6	-16.4%
Santiam Memorial Hospital	3.1	3.0	-4.1%
Silverton Hospital	2.5	2.4	-4.0%
Southern Coos Hospital and Health Center	3.8	2.9	-23.7%
St. Charles Medical Center (Redmond)	2.4	2.6	8.0%
West Valley Community Hospital	3.3	2.8	-12.7%
Average Type B Hospitals	2.9	2.8	-5.7%

Data Source: Hospital Discharge Data

Place of Discharge

Place of discharge data can be useful for assessing the degree to which hospital patients use post-acute care. In Oregon, regardless of the type of hospital, the majority of patients (81% statewide) were routinely discharged – not into a post-acute care setting. The remaining 19% of discharges include, in descending frequency, discharge to a skilled nursing facility, discharge to home health care, discharge to some other type of facility, discharge to a short-term hospital, deaths, discharge to an intermediate care facility, and left against medical advice. (Table 4.04).

Table 4.04
Place of Patient Discharge (% of Total Discharges)* from Oregon Acute Care Hospitals (2003)

	Statewide	DRG	Type A	Type B
Routine Discharge	80.7%	81.0%	78.8%	78.5%
Discharged to skilled nursing facility	5.9%	6.1%	5.4%	5.2%
Discharged to home health care	5.5%	5.7%	3.3%	5.2%
Discharged to another type of facility	2.4%	2.2%	4.0%	2.8%
Discharge to short-term hospital	2.3%	1.8%	6.0%	5.3%
Expired	2.0%	2.0%	1.7%	1.7%
Discharged to intermediate care facility	0.7%	0.7%	0.3%	0.9%
Left against medical advice	0.5%	0.5%	0.5%	0.3%

*Excludes discharges with unknown place of discharge.

Data Source: Hospital Discharge Data

CHAPTER 5

HOSPITAL FINANCES AND REVENUES

Profitability

Almost all of Oregon’s hospitals are not-for-profit institutions. This does not mean that hospitals cannot have revenues in excess of expenditures, but rather that all “surplus” or “profit” must be retained within the organization. This surplus is used to repay debt, fund expansion, and perform other activities consistent with their mission. If not-for-profit hospitals do not generate a surplus, they cannot remain solvent.

This report assesses “profitability” with two key analytic indicators: total margin and operating margin, which are defined below. The operating margin reflects hospital financial performance based on its primary activity – direct patient care, while the total margin reflects how it is doing based on its overall activities.

The Role of Health Districts

A key determinant of financial health for small-town, rural hospitals is patient volume, and almost all of Oregon’s 32 rural hospitals have annual admissions less than 2,500. Many struggle for economic viability. A study conducted for the federal Office of Rural Health Policy found that almost no hospitals with less than 300 annual admissions were able to generate a surplus, while none with annual admissions over 2,500 generated a significant loss. There was wide variation in between.⁹ One tactic rural communities use to stabilize hospital financial operations is to form a “health district” to levy tax dollars, which in some cases support capital improvements and in some cases contribute to the hospital’s revenue. There are 13 health districts in Oregon that support hospital services in rural communities. Of these hospitals all have fewer than 50 beds. Six of the 13 are Type A rural hospitals and seven are Type B. These hospitals typically serve a very small population base (over half serve communities of less than 8,000 people).¹⁰

Financial Indices

Hospital finances are complicated. Several key indices that are helpful in assessing the financial health of hospitals are defined below:

Gross Patient Revenue: The total charges at the facility’s full-established rates for the provision of patient care before deductions from revenue are applied.

⁹ Stensland J. Milet M, Walsh Center for Rural Health Analysis, “Variance in the Profitability of Small-Town Rural Hospitals: Final Report.” Prepared for Office of Rural Health Policy, Health Resources and Services Administration (HRSA), February 2002. <http://www.kha-net.org/general/CAH/Rural%20Hospital%20Profit%20Variability.pdf>. <November 2004>.

¹⁰ McGinnis P. Howk S. Ong E., “Health Districts in Oregon.” Oregon Office of Rural Health, Oregon Health & Sciences University, August 2004. <http://www.ohsu.edu/oregonruralhealth/healthdistrictpaper204.pdf> <November 2004>.

Total Operating Revenues: Net patient revenue plus other operating revenue. Included in other operating revenue is revenue from non-patient care activities such as the gift shop or cafeteria.

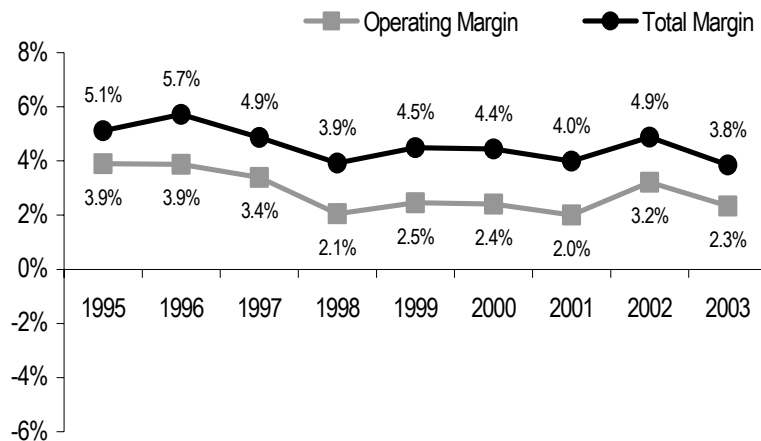
Operating Margin: Operating margin is a critical ratio (operating revenue minus operating expense divided by total operating revenue), which measures how profitable the hospital is when looking at the performance of its direct patient care activity. A negative operating margin is usually an early sign of financial difficulty.

Total Margin: Another important measure of profitability, total margin is the difference between total revenue and expenses as a proportion of total revenue. “Non-operating income” is included in revenue for the total margin: revenue from contributions, public appropriation and other government transfers, investments, and income from subsidiaries or affiliates.

Operating Margin and Total Margin

Operating margin and total margin are frequently used as indicators of the financial health of a hospital. Operating margin, calculated as operating revenue minus operating cost divided by total operating revenue, measures how profitable the hospital is when looking at the performance of its direct patient care activities. Total margin also includes net non-operating revenue from other activities, including tax subsidies.

Figure 5.01
Median Operating Margins (OM) and Total Margin (TM), Oregon Acute Care Hospitals, 1995-2003



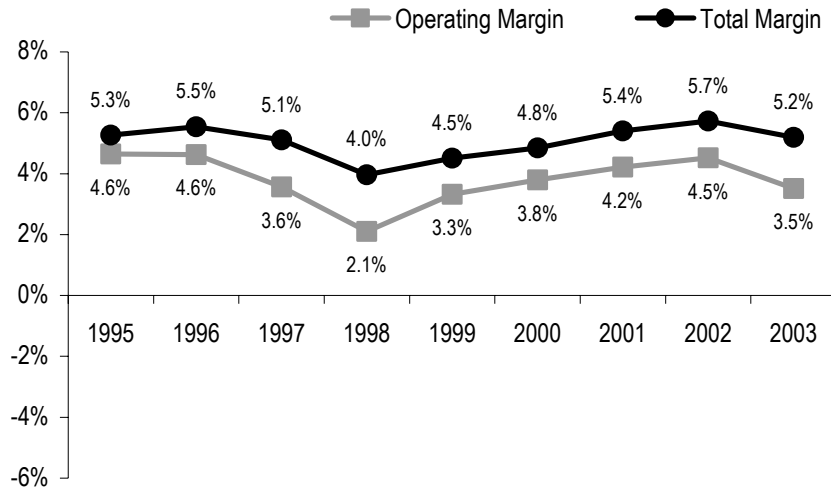
Kaiser hospitals are not included in this financial information
Data Source: Hospital Financials

For each of the margins, the ratio will be positive if the hospital has a total or operating surplus, zero if it is at break-even and negative if it has a total or operating loss. Operating margins in the 3% to 5% range are generally considered an indication of financial “health,”¹¹ but should be interpreted carefully in cases where a health district contributes to total revenue. Operating margins, calculated without this income, may misrepresent the overall financial health of the hospital.

¹¹ Harrison M, Montalvo C, “The Financial Health of California Hospitals: A Looming Crisis,” *Health Affairs*, 21(1), 2002, p. 17.

Figures 5.01-5.04 display median operating margin and total margin statewide and for DRG, Type A, and Type B hospitals, respectively. Median margins are displayed in order to reduce the impact of outliers, or extreme values, on the reported value. Hospital-level margins are displayed in Appendix III.

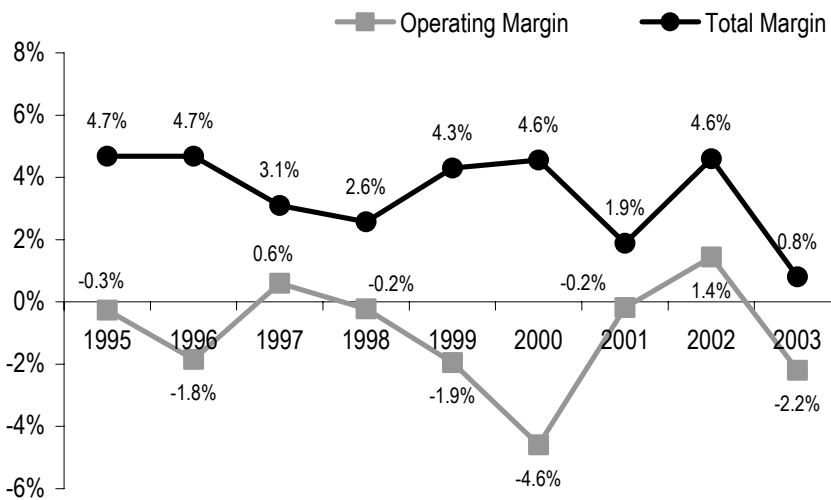
Figure 5.02
Median Operating Margins (OM) and Total Margin (TM), Oregon DRG Hospitals, 1995-2003



Kaiser hospitals are not included in this financial information

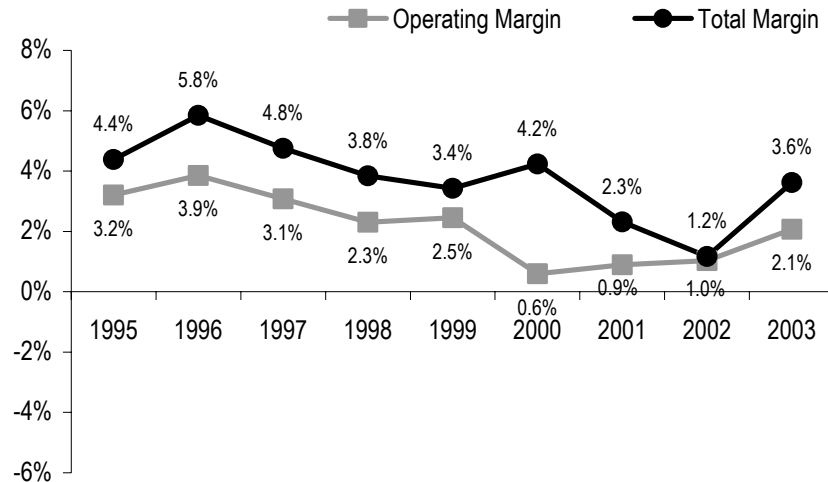
Data Source: Hospital Financials

Figure 5.03
Median Operating Margins (OM) and Total Margin (TM), Oregon Type A Hospitals, 1995-2003



Data Source: Hospital Financials

Figure 5.04
Median Operating Margins (OM) and Total Margin (TM), Oregon Type B
Hospitals, 1995-2003



Data Source: Hospital Financials

Payer Mix

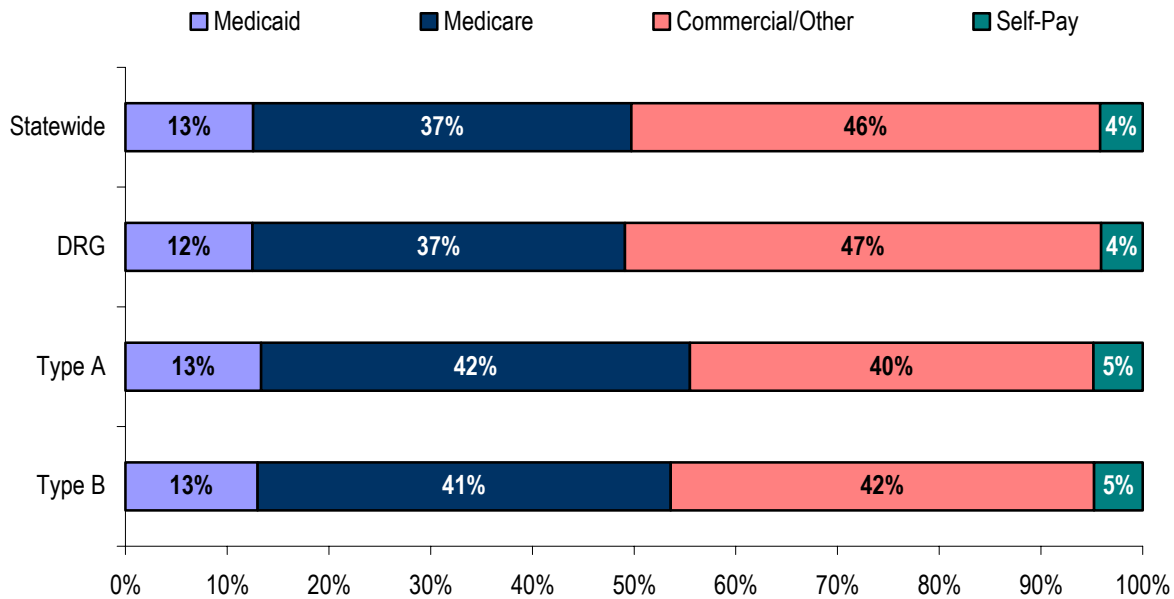
The payer mix for hospitals is important because payers negotiate for different rates for the same services. Having a high proportion of patients from a payer who has negotiated low contracted rates has a direct impact on a hospital's solvency.

Self-pay and privately insured patients generally pay the highest reimbursement rates to hospitals. Medicare is the primary payer for many accounts, partly because elderly and people with disabilities suffer from more health problems than younger people without chronic conditions. Medicaid, which pays for many low-income patients, reimburses a percentage of Medicare reimbursement.

In general, Medicaid, Medicare account for half of *statewide* charges. The Commercial/Other category accounts for 46% of statewide charges; private insurers make up about 87% of this category.¹² Finally, uninsured payers comprise 4% of total statewide charges. Medicaid is relatively evenly distributed throughout DRG and rural hospitals. Hospital-level payer mix data are provided as part of the individual hospital overviews in Appendix I.

¹² An alternative data source for payer mix is Hospital Discharge Data, which provides more detailed payer categories but potentially inaccurate assignment of payer type, particularly for Medicare managed care patients. Additionally, it provides information only on inpatients, whereas Databank includes acute outpatient and inpatient charges.

Figure 5.05
Payer Mix* in Oregon Acute Care Hospitals, 2003



*Calculated as percent of total acute charges; Kaiser hospitals are not included in this financial information
Data Source: Databank

Uncompensated Care in Oregon Hospitals

Uncompensated care is the total amount of health care services, based on full, established charges, provided to patients who are unable or unwilling to pay. Uncompensated care includes both charity care and bad debt.

Charity care and bad debt differ in subtle but important ways. Charity care consists of health care services provided to people who are determined by the hospital to be unable to pay for the cost of health care services. Hospitals will typically determine a patient's inability to pay by examining a variety of factors, such as individual and family income, assets, employment status, family size, or availability of alternative sources of payment. A hospital may establish inability to pay at the time care is provided or through later efforts to gather adequate financial information to make an eligibility determination. As stated above, charity care is based on full, established charges, which are generally above the amounts paid by insured individuals.

Hospitals do not apply a uniform set of guidelines for determining eligibility for free or discounted care, making it difficult to interpret the burden of charity care across hospitals.

Bad debt is the unpaid obligation for care provided to patients who have been determined to be able to pay, but have not done so. Services are billed, but not paid. For insured patients, certain amounts that are patient responsibility, such as deductibles and coinsurance, are counted as bad debt if not paid.

Trends in uncompensated care can be difficult to interpret. They can be an indicator of uninsurance trends in the community but may also reflect changes in hospital policies in determining eligibility for charity care. A small amount of charity care may be a function of little need in a particular hospital's community.

The level of uncompensated care is important to hospitals because it has direct impact on their budget. It is important to both employers and individuals because hospitals may also pass the cost on to private payers, which could then show up as increased health insurance premiums.

Since 1995, the total amount of charity care has grown 131% and bad debt has grown 91%, for a total growth of 106% in total uncompensated care in Oregon hospitals. At the same time, gross patient revenue has increased 91%. Following the creation of the Oregon Health Plan in 1994, uncompensated care declined until 1998, only to increase during the economic downturn in 2000-2001 and accelerate from 2001 to 2003 (Table 5.01). The increase in uncompensated care between 2000 and 2003 is a reflection of increased numbers of Oregonians without health insurance.

Because there is a substantial increase in the gross patient revenue during the same time, however, it is useful to assess uncompensated care as a percentage of gross patient revenue.

Hospital-level uncompensated care data for 2003 are shown in Appendix II.

Table 5.01
Uncompensated Care, Oregon Acute Care Hospitals, 1995-2003

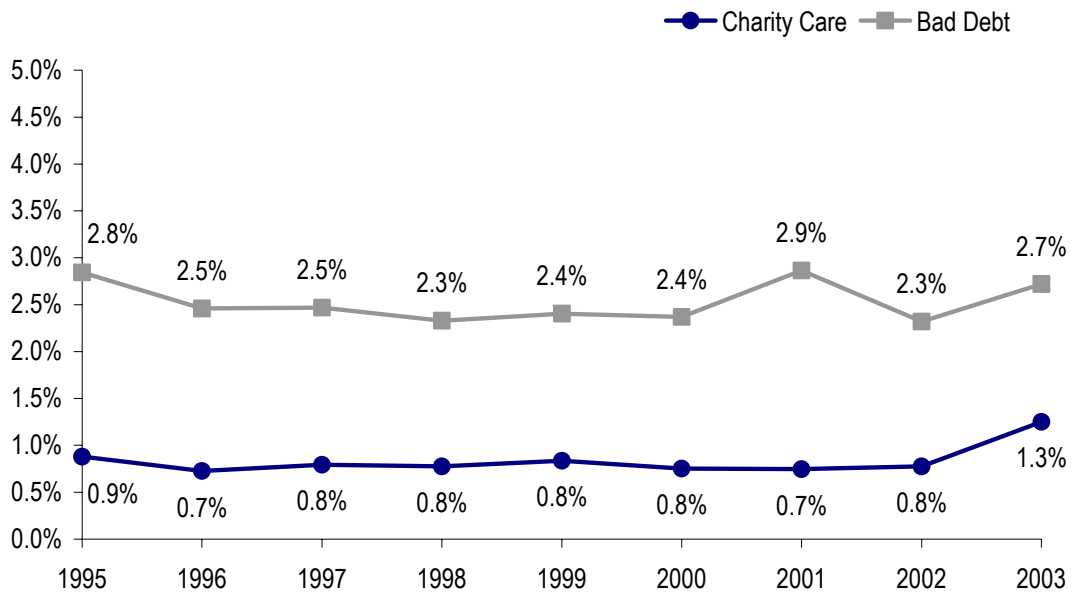
Year	Gross Patient Revenue (\$millions*)	Charity Care (\$millions*)	Bad Debt (\$millions*)	Total Uncompensated Care (\$millions*)
1995	4,482.5	64.6	105.3	169.9
1996	4,663.8	58.6	94.8	153.4
1997	4,907.6	60.1	100.7	160.8
1998	5,193.8	59.3	104.1	163.4
1999	5,555.6	64.6	107.1	171.7
2000	6,147.0	64.6	124.5	189.1
2001	6,722.4	74.6	138.9	213.4
2002	7,507.7	103.9	157.8	261.7
2003	8,553.8	149.2	201.3	350.4

*Adjusted to 2003 dollars; Kaiser hospitals are not included in this financial information

Data Source: Hospital Financials

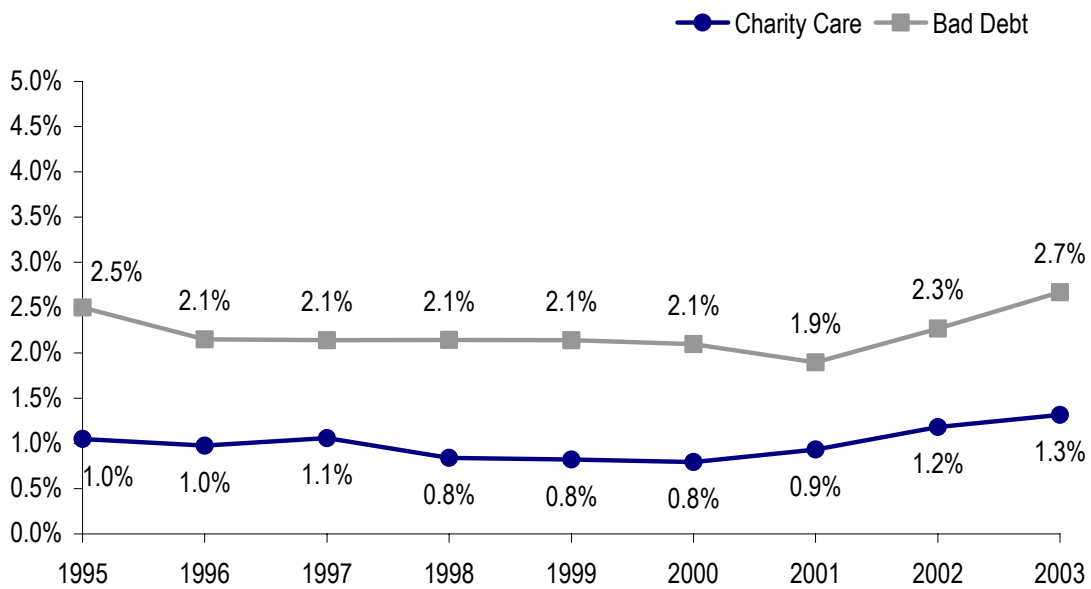
Figures 5.06 to 5.09 show median uncompensated care as a percent of gross patient revenue for all Oregon hospitals and specifically for DRG, Type A and Type B hospitals.

Figure 5.06
Uncompensated Care as Percent of Gross Patient Revenue (Median) Oregon Acute Care Hospitals, 1995-2003



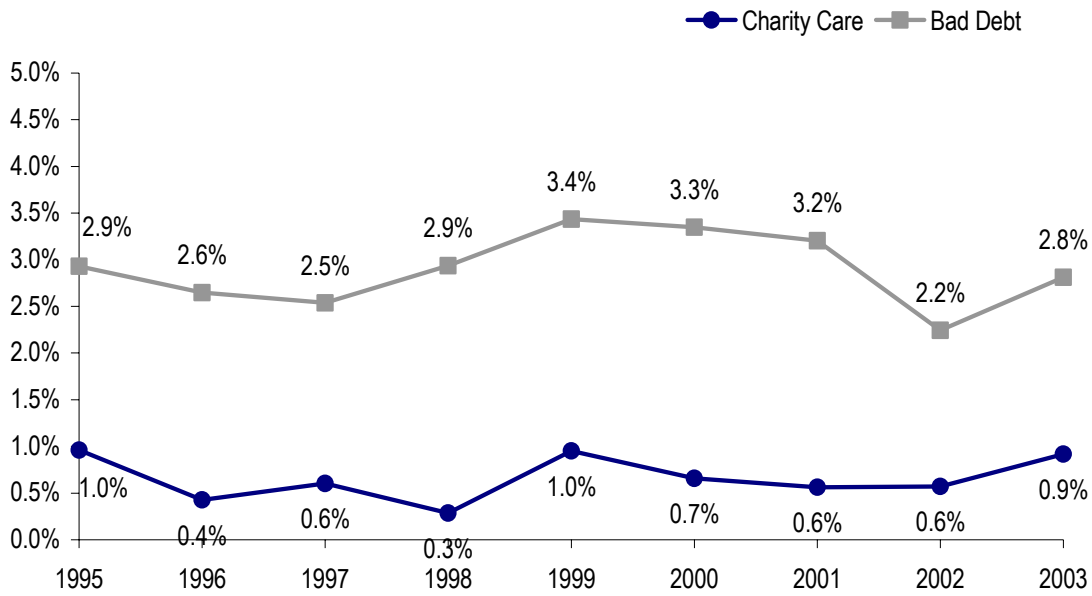
Kaiser hospitals are not included in this financial information
 Data Source: Hospital Financials

Figure 5.07
Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon DRG Hospitals, 1995-2003



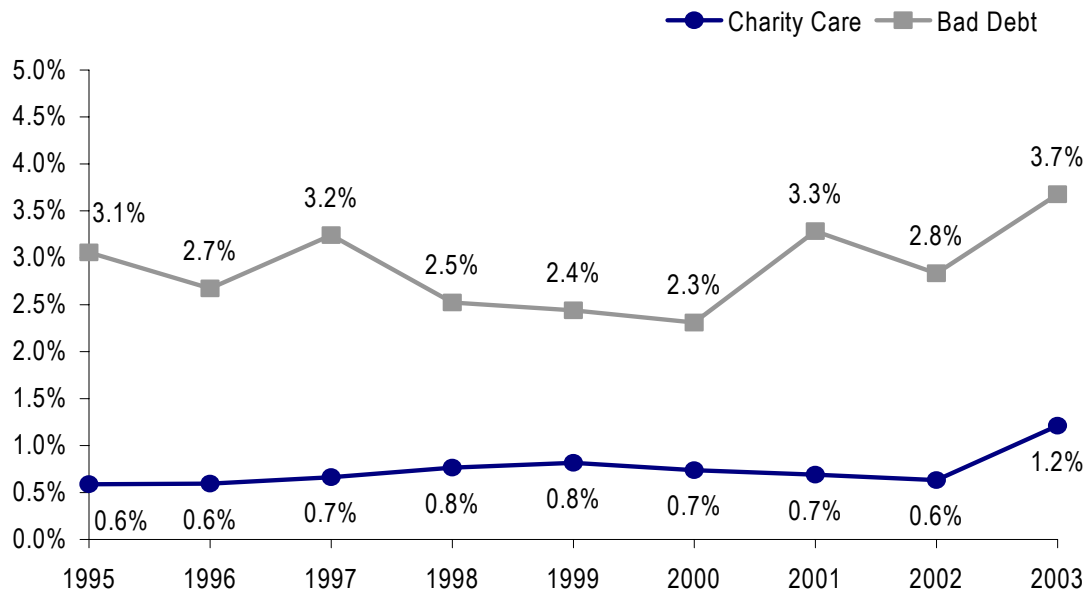
Kaiser hospitals are not included in this financial information
 Data Source: Hospital Financials

Figure 5.08
Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type A Hospitals, 1995-2003



Data Source: Hospital Financials

Figure 5.09
Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type B Hospitals, 1995-2003



Source: Hospital Financials

APPENDIX I

INDIVIDUAL HOSPITAL OVERVIEWS

Overview

The following data pages summarize key data items for each hospital in the state, including changes in staffed beds, discharges, inpatient days, average length of stay and gross patient revenue as well as payer mix, uncompensated care and operating and total margins.

Notes about Data Sources and Calculations

The information contained in these pages rely on a variety of data sources including hospitals' discharge data, annual surveys, Databank, and audited financial statements. In each case, these sources are available for each hospital and provide comparable information across hospitals and across time.

In general, internal hospital systems provide information that is more up to date; however these systems are not available to OHPR and are subject to differences among hospitals. Therefore, while the data provided here may deviate to some degree from internal hospital system, they are comparable and provide an accurate picture of the general experience of the hospital in the past years. Detailed data sources, time intervals, and calculations are provided on the following page.

Two time intervals were used in computing the information - fiscal year and calendar year. Hospitals do not have uniform fiscal years, so in most cases data are computed based on a calendar year. However, we rely on financial statements submitted by each hospital for financial data; these statements are based on the hospital's fiscal year, so financial information is reported on a fiscal year. The time interval attached to each data element is specified on the following page.

Review Process

Each hospital was given the opportunity to review their page and provide suggestions or corrections to OHPR. Materials were distributed on October 26, 2004, and OHPR stopped accepting changes on December 8, 2004. Comments were received from 32 hospitals, resulting in modifications to Databank or financial data from 17 hospitals. We extend our appreciation to hospital staff who responded under tight timelines and who worked with us on resolving discrepancies and ensuring that these pages portray as accurate information as possible.

Detailed Data Sources and Calculations

Hospital Name [State Licensure Office]				Senate District House District	MAP
URL [internet]					
Address * Phone [State Licensure Office]					
Hospital Description				Top 10 DRGs by Volume (2003)	
>				(CY) [HDD]	
>					
Hospital Characteristics					
	1995	2003	% Change		
Staffed Beds	(CY) [Databank]		[calculated]		
Total Non-Physician FTE	(CY) [Survey]		[calculated]		
Non-Physician FTE/100 Adj Admissions	[calculation ¹]		[calculated]		
Inpatient Hospital Discharges	(CY) [HDD]		[calculated]		
Acute Inpatient Days	(CY) [HDD]		[calculated]		
Occupancy Rate	(CY) [calculation ²]		[calculated]		
Average Length of Stay (days)	(CY) [HDD]		[calculated]		
Outpatient Visits	(CY) [Databank]		[calculated]		
Gross Patient Revenue (\$millions ³)	(FY) [Financials]		[calculated]		
Operating Margin⁴ and Total Margin⁵				Payer Mix (2003)⁷	
(FY) [Financials]				(CY) [Databank]	
Uncompensated Care (% of GPR)⁶					
(FY) [Financials]					

(time interval) [data source]

Hospital Discharge Data (HDD); Calendar Year (CY); Fiscal Year (FY)

See Appendix IV for descriptions of Hospital Discharge Data, Hospital Survey Data, Databank Data, and Hospital Financials.

- 1) Non-Physician FTE/100 Adj Admissions = $100 * (\text{Non-Physician FTE}) / ((\text{Total inpatient admissions}) * (\text{Total gross patient revenue} / \text{Total inpatient charges}))$
 - a. Non-Physician FTE: (CY) [survey]
 - b. Total inpatient admissions: (CY) [HDD]
 - c. Total gross patient revenue: (FY) [Financials]
 - d. Total inpatient charges: (FY) [HDD]
- 2) Occupancy = $(\text{Total Inpatient Days} / 365) / (\text{Average number of hospital beds})$
 - a. Total Inpatient Days: (CY) [HDD]
 - b. Average number of hospital beds: (CY) [Databank]
- 3) Gross Patient Revenue: inflated to 2003 dollars using the Consumer Price Index (CPI)
- 4) Operating Margin = $(\text{Net Patient Revenue} + \text{Other Operating Revenue} - \text{Operating Expenses}) / (\text{Net Patient Revenue} + \text{Other Operating Revenue})$
- 5) Total Margin = $(\text{Net Patient Revenue} + \text{Other Operating Revenue} - \text{Operating Expenses} + \text{Net Non-Operating Revenue}) / (\text{Net Patient Revenue} + \text{Other Operating Revenue} + \text{Net Non-Operating Revenue})$
- 6) Total Uncompensated Care as % of GPR = $(\text{Charity Care} + \text{Bad Debt Expenses}) / (\text{Gross Patient Revenue})$
- 7) Payer Mix was calculated as a percent of total charges

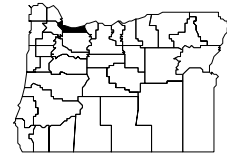
Adventist Medical Center

www.adventisthealthnw.com

10123 SE Market, Portland, OR 97216 * (503) 257-2500

Senate District 24

House District 47



Hospital Description

- > A DRG hospital serving 900,000 residents on the east side of the Portland-Vancouver metropolitan area
- > Part of the not-for-profit Adventist Health System
- > Major emphases in surgery, cardiology, neurosurgery, mental health, obstetrics, orthopedics, rehabilitation and primary care

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 430 - Phychoses
- 2) 391 - Normal newborn
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 520 - Cervical spinal fusion without CC
- 5) 371 - Cesarean section without CC
- 6) 498 - Spinal fusion except cervical without CC
- 7) 500 - Back & neck procedures except spinal fusion without CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 209 - Major joint & limb reattachment procedures of lower extremity
- 10) 523 - Alcohol/drug abuse or dependence without rehabilitation therapy without CC

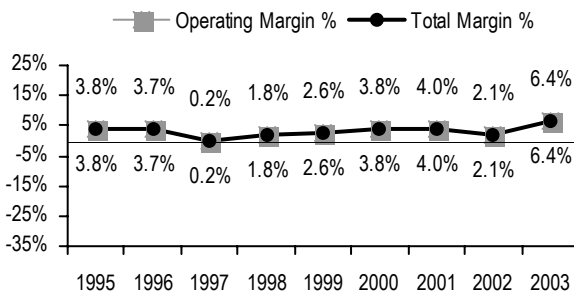
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	222	225	1.4%
Total Non-Physician Staff FTE	1,081	1,500	38.8%
Non-Physician FTE/100 Adj Admissions	4.6	6.2	35.0%
Inpatient Hospital Discharges*	10,577	11,474	8.5%
Acute Inpatient Days*	38,654	48,763	26.2%
Occupancy Rate	47.7%	59.4%	24.5%
Average Length of Stay (days)*	3.7	4.2	16.3%
Outpatient Visits	116,359	318,382	173.6%
Gross Patient Revenue (\$millions**)	\$190.6	\$334.6	75.5%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

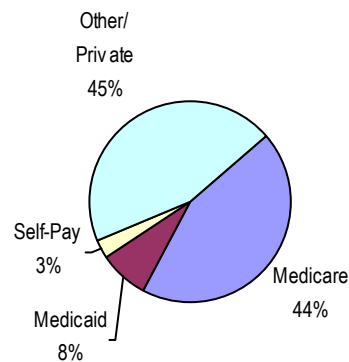
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



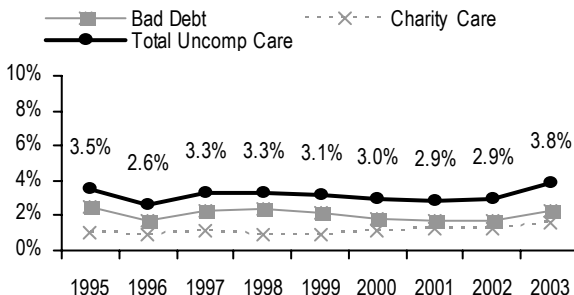
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



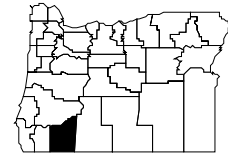
*Values displayed are for Total Uncompensated Care

Ashland Community Hospital

www.ashlandhospital.org

280 Maple Street, PO Box 98, Ashland, OR 97520 * (541) 482-2441

Senate District 3
House District 05



Hospital Description

- > A rural hospital operating in Jackson County, Oregon
- > Not-for-profit community-owned corporation
- > First established by pioneer physicians in the 19th century

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 500 - Back & neck procedures except spinal fusion without CC
- 5) 390 - Neonate with other significant problems
- 6) 371 - Cesarean section without CC
- 7) 372 - Vaginal delivery with complicating diagnoses
- 8) 498 - Spinal fusion except cervical without CC
- 9) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 10) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC

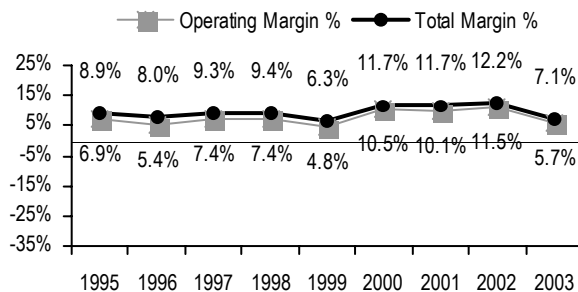
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	37	37	0.0%
Total Non-Physician Staff FTE	173	304	75.6%
Non-Physician FTE/100 Adj Admissions	5.2	6.5	25.6%
Inpatient Hospital Discharges*	1,635	2,237	36.8%
Acute Inpatient Days*	5,178	6,714	29.7%
Occupancy Rate	38.3%	49.7%	29.7%
Average Length of Stay (days)*	3.2	3.0	-5.2%
Outpatient Visits	28,130	58,387	107.6%
Gross Patient Revenue (\$millions**)	\$22.3	\$60.7	172.9%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

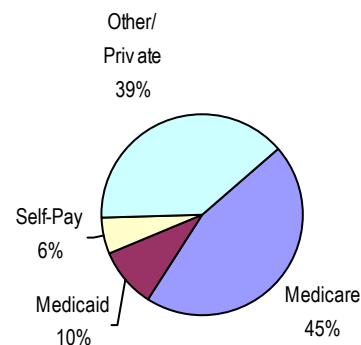
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



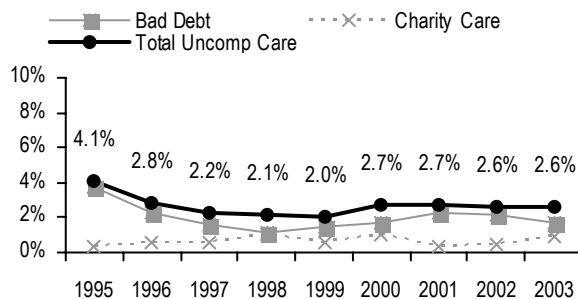
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



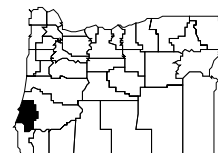
*Values displayed are for Total Uncompensated Care

Bay Area Hospital

www.bayareahospital.org

1775 Thompson Road, Coos Bay, OR 97420 * (541) 269-8111

Senate District 5
House District 09



Hospital Description

- > Bay Area Hospital District was first approved in 1952; today's hospital was built in 1972
- > A DRG hospital in Coos County, Oregon
- > Publicly-owned, not-for-profit acute-care facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 143 - Chest pain
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 127 - Heart failure and shock
- 7) 430 - Phychoses
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 088 - Chronic obstructive pulmonary disease
- 10) 371 - Cesarean section without CC

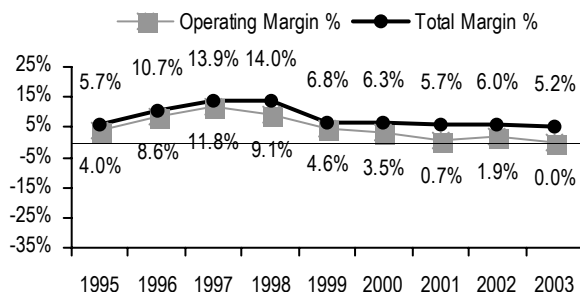
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	129	120	-6.7%
Total Non-Physician Staff FTE	569	697	22.5%
Non-Physician FTE/100 Adj Admissions	5.5	5.7	3.2%
Inpatient Hospital Discharges*	6,605	8,254	25.0%
Acute Inpatient Days*	24,962	29,600	18.6%
Occupancy Rate	53.0%	67.3%	27.0%
Average Length of Stay (days)*	3.8	3.6	-5.1%
Outpatient Visits	46,331	60,316	30.2%
Gross Patient Revenue (\$millions**)	\$83.3	\$149.7	79.8%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

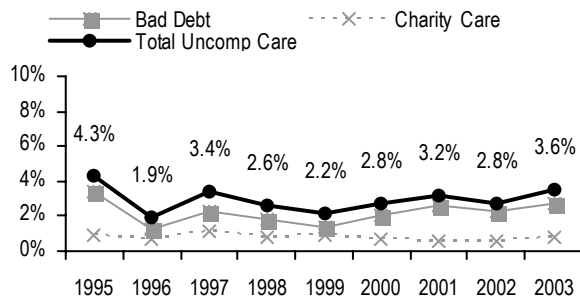
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



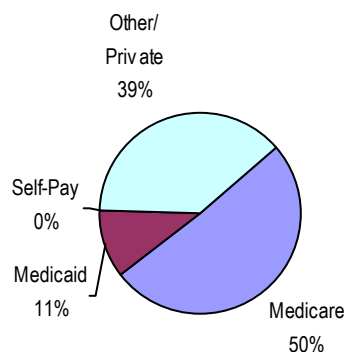
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

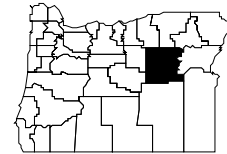
Blue Mountain Hospital

www.bluemountainhospital.org

170 Ford Road, John Day, OR 97845 * (541) 575-1311

Senate District 30

House District 59



Hospital Description

- > A Critical Access Hospital
- > Supported by Blue Mountain Hospital District
- > A rural hospital operating in John Day, Grant County, Oregon
- > Not-for-profit facility run by a Board of Directors

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 391 - Normal newborn
- 3) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 4) 373 - Vaginal delivery without complicating diagnoses
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 371 - Cesarean section without CC
- 7) 138 - Cardiac arrhythmia & conduction disorder with CC
- 8) 127 - Heart failure and shock
- 9) 296 - Nutritional and misc metabolic disorders, age>17 with CC
- 10) 139 - Cardiac arrhythmia & conduction disorder without CC

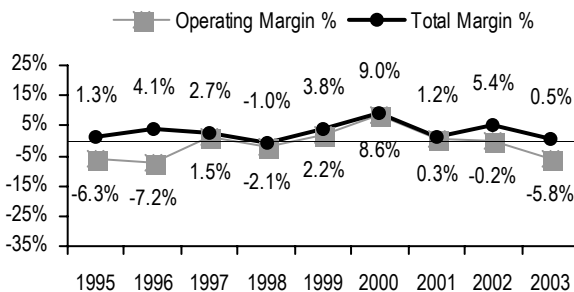
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	22	19	-14.0%
Total Non-Physician Staff FTE	65	242	274.0%
Non-Physician FTE/100 Adj Admissions	4.1	13.9	242.0%
Inpatient Hospital Discharges*	250	355	42.0%
Acute Inpatient Days*	825	951	15.3%
Occupancy Rate	10.3%	13.8%	34.1%
Average Length of Stay (days)*	3.3	2.7	-18.8%
Outpatient Visits	14,020	18,891	34.7%
Gross Patient Revenue (\$millions**)	\$7.8	\$9.2	19.2%

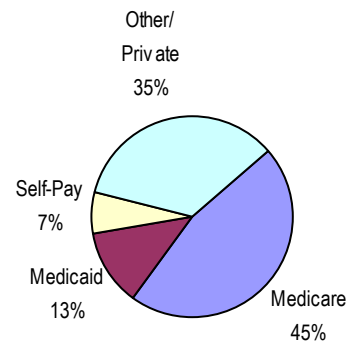
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



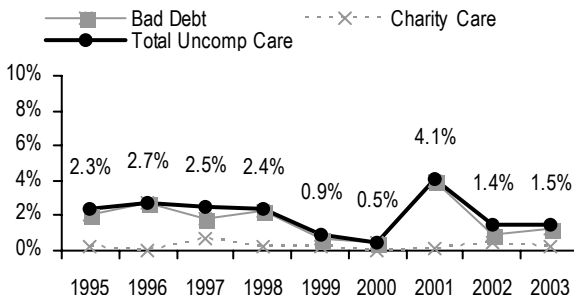
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

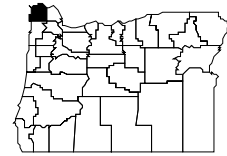
Columbia Memorial Hospital

www.columbiamemorial.org

2111 Exchange Street, Astoria, OR 97103 * (503) 325-4321

Senate District 16

House District 31



Hospital Description

Hospital Type: **Type B**

- > A rural hospital operating in Astoria, Clatsop County, Oregon
- > Lutheran affiliated, not-for-profit acute-care facility
- > Serves approximately 30,000 residents

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 371 - Cesarean section without CC
- 5) 143 - Chest pain
- 6) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 7) 127 - Heart failure and shock
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 174 - GI hemorrhage with CC
- 10) 494 - Laparoscopic cholecystectomy without CDE, without CC

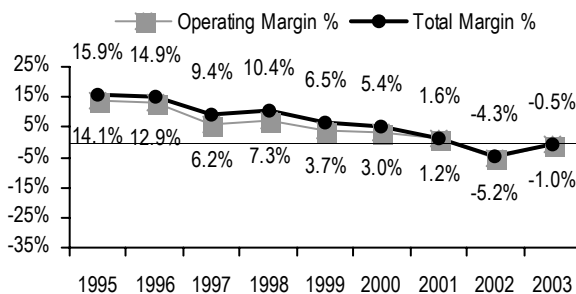
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	37	37	0.0%
Total Non-Physician Staff FTE	210	232	10.7%
Non-Physician FTE/100 Adj Admissions	4.3	4.1	-4.5%
Inpatient Hospital Discharges*	2,666	2,531	-5.1%
Acute Inpatient Days*	7,005	6,909	-1.4%
Occupancy Rate	51.9%	51.2%	-1.4%
Average Length of Stay (days)*	2.6	2.7	3.9%
Outpatient Visits	45,922	50,741	10.5%
Gross Patient Revenue (\$millions**)	\$31.4	\$42.1	33.8%

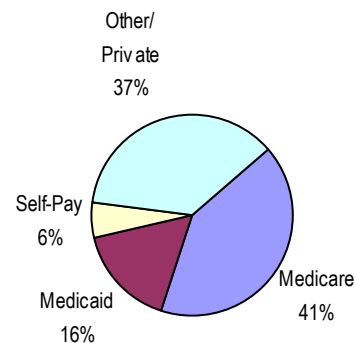
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



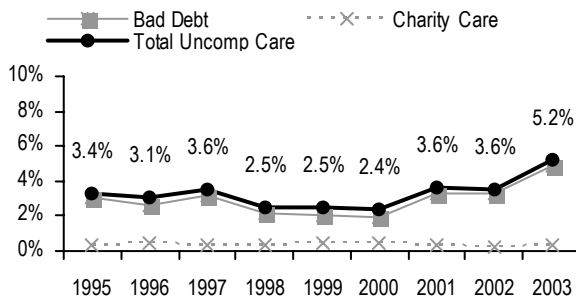
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



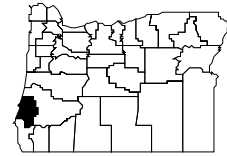
*Values displayed are for Total Uncompensated Care

Coquille Valley Hospital

www.cvhospital.org

940 E Fifth Avenue, Coquille, OR 97423 * (541) 396-3101

Senate District 1
House District 01



Hospital Description

- > A Critical Access Hospital
- > Supported by Coquille Valley Hospital District
- > A rural hospital operating in Coquille, Coos County, Oregon
- > Community supported district hospital; a not-for profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 127 - Heart failure and shock
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 174 - GI hemorrhage with CC
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 121 - Circulatory disorder with AMI, without major complications, discharged alive
- 8) 132 - Atherosclerosis with CC
- 9) 143 - Chest pain
- 10) 371 - Cesarean section without CC

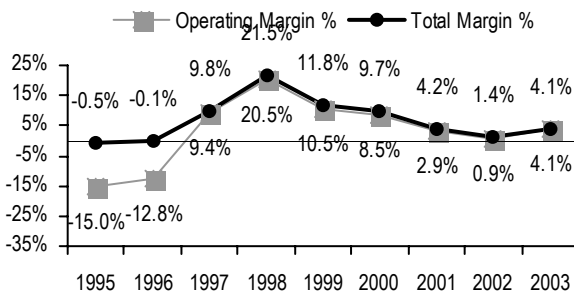
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	30	18	-41.7%
Total Non-Physician Staff FTE	48	77	62.1%
Non-Physician FTE/100 Adj Admissions	4.3	3.6	-17.2%
Inpatient Hospital Discharges*	423	669	58.2%
Acute Inpatient Days*	950	1,607	69.2%
Occupancy Rate	8.7%	25.2%	190.0%
Average Length of Stay (days)*	2.2	2.4	7.0%
Outpatient Visits	9,145	18,086	97.8%
Gross Patient Revenue (\$millions**)	\$3.6	\$10.7	195.9%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

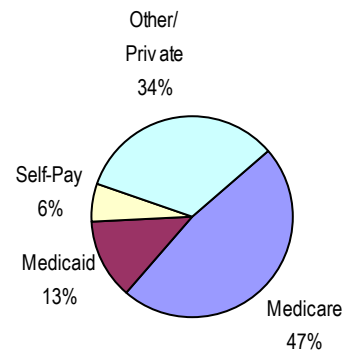
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



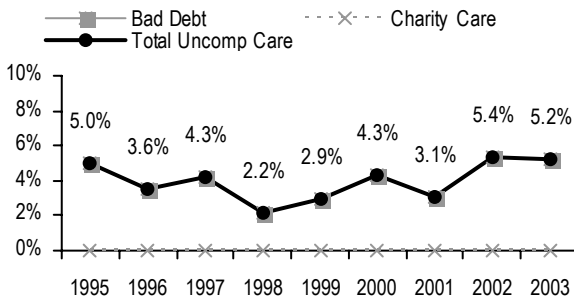
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



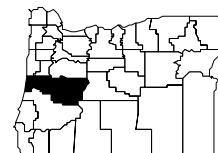
*Values displayed are for Total Uncompensated Care

Cottage Grove Community Hospital

www.peacehealth.org

1515 Village Drive, Cottage Grove, OR 97424 * (541) 942-0511

Senate District 4
House District 07



Hospital Description

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- > A Critical Access Hospital
- > A rural hospital operating in Cottage Grove, Lane County, Oregon
- > Closed in 1998, then opened in 2001 under PeaceHealth Oregon Region; a not-for-profit facility

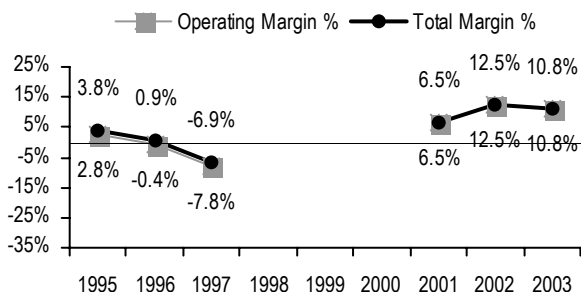
[Not Available]

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	31	12	-62.1%
Total Non-Physician Staff FTE	266	--	--
Non-Physician FTE/100 Adj Admissions	6.9	--	--
Inpatient Hospital Discharges*	1,261	--	--
Acute Inpatient Days*	3,710	--	--
Occupancy Rate	32.8%	--	--
Average Length of Stay (days)*	2.9	--	--
Outpatient Visits	86,637	28,315	-67.3%
Gross Patient Revenue (\$millions**)	\$27.0	\$9.1	-66.5%

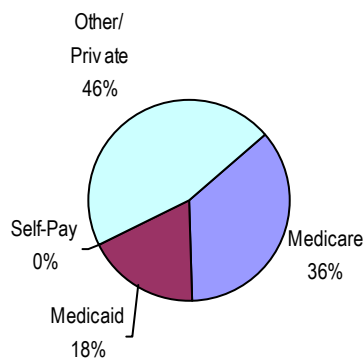
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin



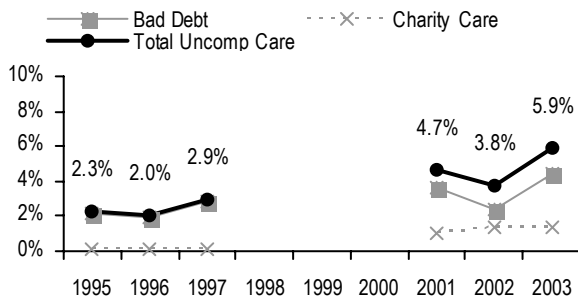
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



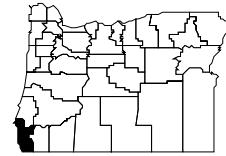
Note: Hospital closed in 1998, then re-opened on 2001 under PeaceHealth. Limited information is available for 2000-2003. FY2000 financial data includes partial first year after re-opening, so these data were excluded.

*Values displayed are for Total Uncompensated Care

Curry General Hospital

www.currygeneralhospital.com
 94220 Fourth Street, Gold Beach, OR 97444 * (541) 247-6621

Senate District 1
 House District 01



Hospital Description

- > A Critical Access Hospital
- > Supported by Curry Health Hospital District, which operates both the hospital and a medical practice, Curry Family Medical, along with two clinics: The Chetco Medical Clinic and The Brookings Clinic.
- > A rural hospital operating in Gold Beach, Curry County, Oregon
- > Not-for-profit facility

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 088 - Chronic obstructive pulmonary disease
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 127 - Heart failure and shock
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 143 - Chest pain
- 7) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, without CC
- 8) 524 - Transient ischemia
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 10) 014 - Specific cerebrovascular disorders except Transient Ischemic Attack

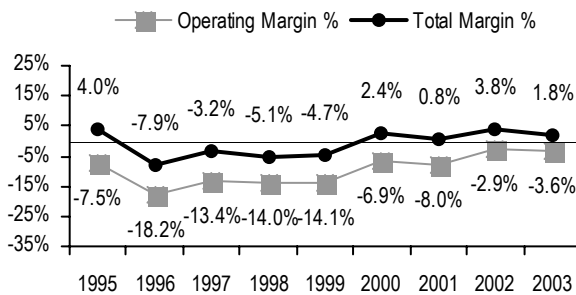
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	24	24	0.0%
Total Non-Physician Staff FTE	75	107	42.3%
Non-Physician FTE/100 Adj Admissions	--	4.4	--
Inpatient Hospital Discharges*	--	801	--
Acute Inpatient Days*	--	1,868	--
Occupancy Rate	--	21.3%	--
Average Length of Stay (days)*	--	2.3	--
Outpatient Visits	28,413	49,652	74.8%
Gross Patient Revenue (\$millions**)	\$5.1	\$11.7	128.2%

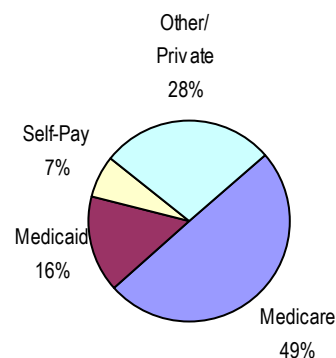
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



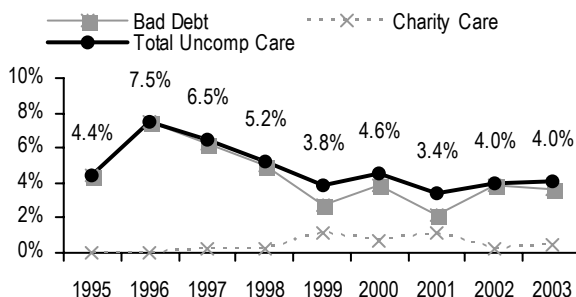
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



Note: Only limited data are available for 1995 for Curry General Hospital.

*Values displayed are for Total Uncompensated Care

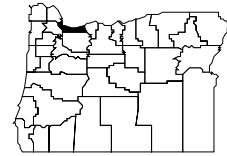
Eastmoreland Hospital

Closed 2004.

2900 SE Steele Street, Portland, OR 97202 * (503) 257-5678

Senate District 21

House District 42



Hospital Description

- > Closed in January 2004
- > Operated in Portland, Multnomah County, Oregon
- > Symphony Healthcare, from Nashville Tennessee, operated both Eastmoreland and Woodland Park Hospital as for-profit entities

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 012 - Degenerative nervous system disorders
- 2) 430 - Phychoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 127 - Heart failure and shock
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 9) 320 - Kidney, urinary tract infection, age>17 with CC
- 10) 316 - Renal failure

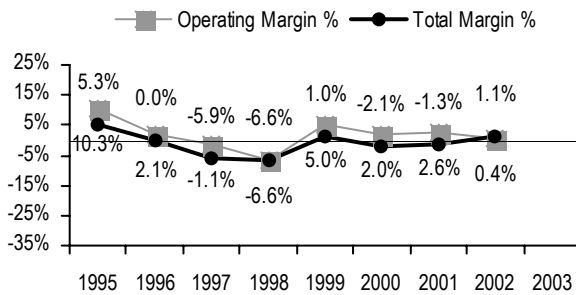
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	77	77	0.0%
Total Non-Physician Staff FTE	165	--	--
Non-Physician FTE/100 Adj Admissions	6.9	--	--
Inpatient Hospital Discharges*	1,400	746	-46.7%
Acute Inpatient Days*	6,195	3,709	-40.1%
Occupancy Rate	22.0%	13.2%	-40.1%
Average Length of Stay (days)*	4.4	5.0	12.4%
Outpatient Visits	16,419	12,967	-21.0%
Gross Patient Revenue (\$millions**)	\$26.6	--	--

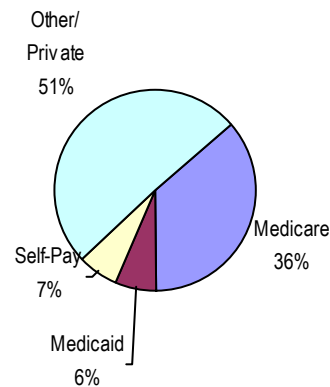
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



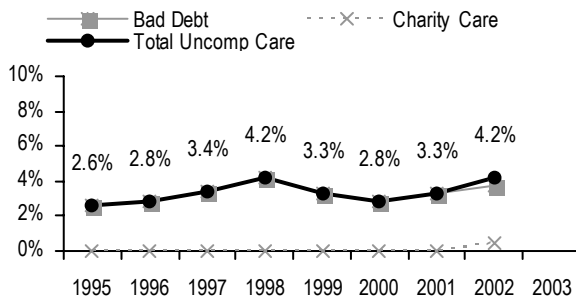
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

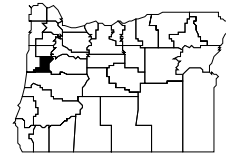
Note: Eastmoreland Hospital CLOSED on January of 2004; only limited data are available for 2003.

Good Samaritan Regional Medical Center (Corvallis)

www.samhealth.org/shs_facilities/gsmc/

3600 NW Samaritan Drive, Corvallis, OR 97330 * (541) 768-5111

Senate District 8
House District 16



Hospital Description

- > A DRG hospital operating in Corvallis, Benton County, Oregon
- > Samaritan HealthCare Systems, a not-for-profit entity, operates this hospital, in conjunction with four other smaller hospitals in Linn and Lincoln Counties

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 430 - Phychoses
- 5) 500 - Back & neck procedures except spinal fusion without CC
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 107 - Coronary bypass with cardiac cath
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 390 - Neonate with other significant problems
- 10) 371 - Cesarean section without CC

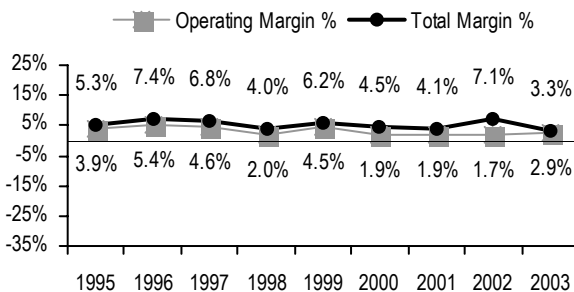
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	148	134	-9.5%
Total Non-Physician Staff FTE	693	1,044	50.7%
Non-Physician FTE/100 Adj Admissions	5.7	6.0	6.3%
Inpatient Hospital Discharges*	6,663	9,140	37.2%
Acute Inpatient Days*	24,667	34,423	39.6%
Occupancy Rate	45.7%	70.4%	54.1%
Average Length of Stay (days)*	3.7	3.8	1.7%
Outpatient Visits	115,361	212,699	84.4%
Gross Patient Revenue (\$millions**)	\$90.9	\$220.9	143.2%

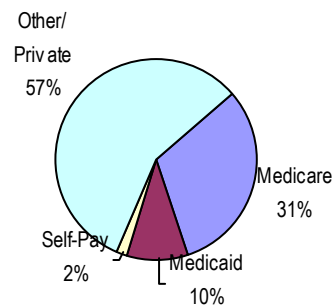
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



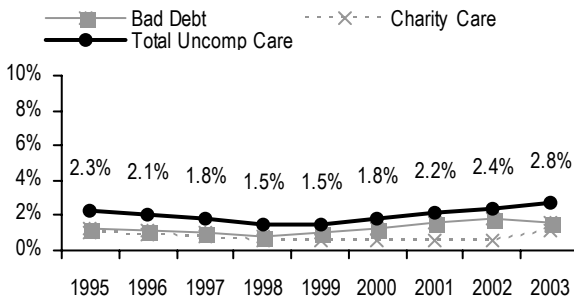
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

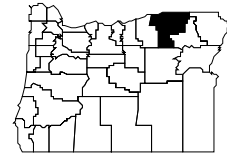
Good Shepherd Medical Center

www.gshealth.org

610 NE 11th Avenue, Hermiston, OR 97838 * (541) 667-3400

Senate District 29

House District 58



Hospital Description

Hospital Type: **Type A**

- > A rural hospital operating in Hermiston, Umatilla County, Oregon
- > Established in 1954, not-for-profit.
- > Part of Good Shepherd Health Care System; TLC Home Health, Vange John Memorial Hospice, Good Shepherd Clinic Pharmacy, Good Shepherd Medical Group, and Cascade East Health Plans are affiliated divisions of Good Shepherd Health Care System

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 143 - Chest pain
- 5) 371 - Cesarean section without CC
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 390 - Neonate with other significant problems
- 8) 088 - Chronic obstructive pulmonary disease
- 9) 127 - Heart failure and shock
- 10) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC

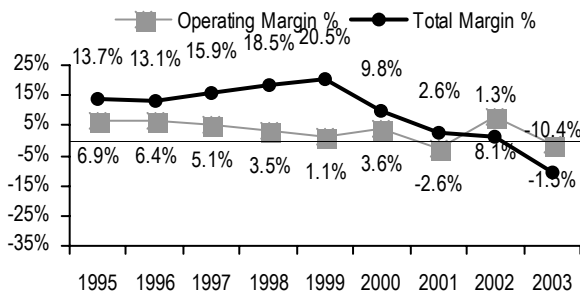
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	45	45	0.0%
Total Non-Physician Staff FTE	210	362	72.1%
Non-Physician FTE/100 Adj Admissions	4.2	4.6	9.5%
Inpatient Hospital Discharges*	2,603	3,390	30.2%
Acute Inpatient Days*	7,844	9,193	17.2%
Occupancy Rate	47.8%	56.0%	17.2%
Average Length of Stay (days)*	3.0	2.7	-10.0%
Outpatient Visits	46,397	42,491	-8.4%
Gross Patient Revenue (\$millions**)	\$26.3	\$55.8	111.9%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

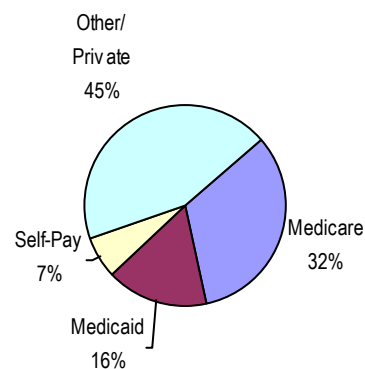
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



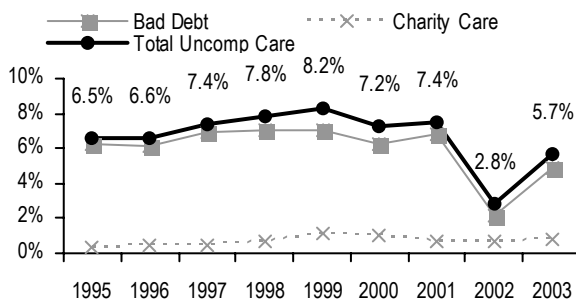
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

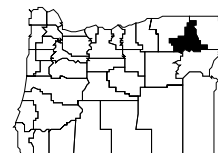
Grande Ronde Hospital

www.grh.org

900 Sunset Drive, P.O. Box 3290, La Grande, OR 97850 * (541) 963-8421

Senate District 29

House District 57



Hospital Description

Hospital Type: **Type A**

- > Became a Critical Access Hospital on 8/1/2004
- > A rural hospital operating in La Grande, Union County, Oregon
- > Provides service to 2,038 square miles and a population of over 25,000. Also a referral center for Wallowa Memorial Hospital, the hospital in the county to the east of Union.
- > Private, not-for-profit community hospital

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 143 - Chest pain
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 371 - Cesarean section without CC
- 7) 088 - Chronic obstructive pulmonary disease
- 8) 127 - Heart failure and shock
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 132 - Atherosclerosis with CC

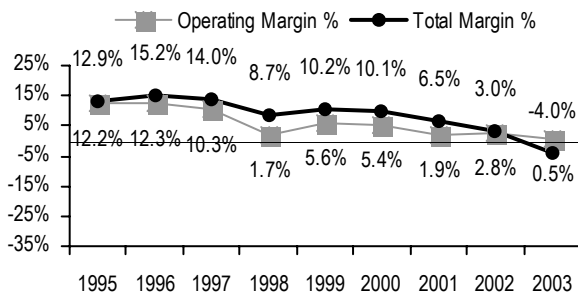
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	49	49	0.0%
Total Non-Physician Staff FTE	284	297	4.7%
Non-Physician FTE/100 Adj Admissions	6.2	5.2	-15.4%
Inpatient Hospital Discharges*	2,054	2,667	29.8%
Acute Inpatient Days*	6,974	7,620	9.3%
Occupancy Rate	39.0%	42.6%	9.3%
Average Length of Stay (days)*	3.4	2.9	-15.9%
Outpatient Visits	47,785	47,113	-1.4%
Gross Patient Revenue (\$millions**)	\$34.7	\$41.7	20.2%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

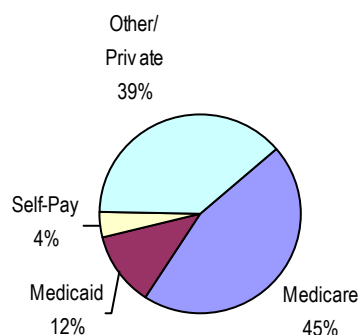
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



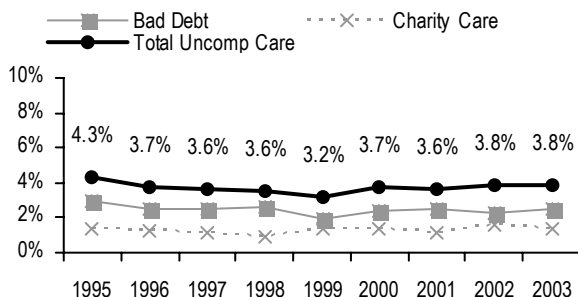
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

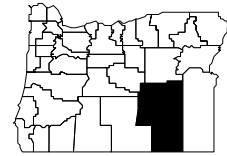
Harney District Hospital

www.harneydh.com/Index.htm

557 W. Washington Street, Burns, OR 97720 * (541) 573-7281

Senate District 30

House District 60



Hospital Description

Hospital Type: **Type A**

- > A Critical Access Hospital
- > Supported by Harney County Hospital; publicly owned and operated district hospital; not-for-profit
- > A rural hospital operating in Burns, Harney County, Oregon
- > Provides service to 10,000 square miles and a population of over 8,000
- > The current hospital is 50 years old (built in 1950) and replaced an older hospital begun by an order of nursing nuns around 1920.

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 088 - Chronic obstructive pulmonary disease
- 3) 391 - Normal newborn
- 4) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 5) 373 - Vaginal delivery without complicating diagnoses
- 6) 127 - Heart failure and shock
- 7) 143 - Chest pain
- 8) 430 - Phychoses
- 9) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, without CC
- 10) 174 - GI hemorrhage with CC

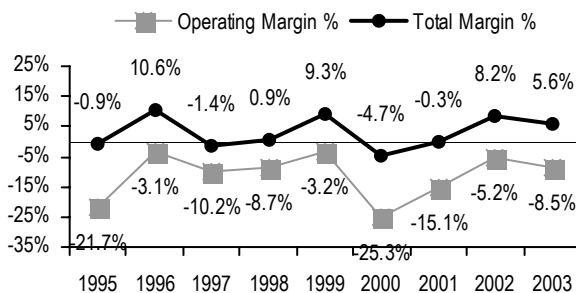
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	38	27	-29.4%
Total Non-Physician Staff FTE	47	79	68.1%
Non-Physician FTE/100 Adj Admissions	4.8	4.2	-12.5%
Inpatient Hospital Discharges*	377	757	100.8%
Acute Inpatient Days*	869	1,677	93.0%
Occupancy Rate	6.3%	17.1%	173.3%
Average Length of Stay (days)*	2.3	2.2	-3.9%
Outpatient Visits	12,563	24,240	92.9%
Gross Patient Revenue (\$millions**)	\$4.4	\$8.4	89.6%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

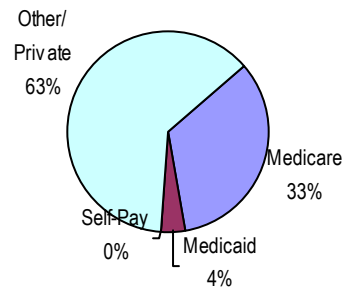
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin



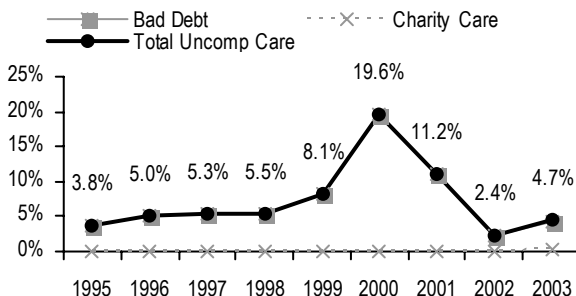
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

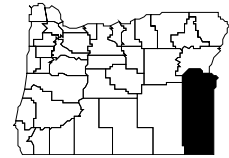


*Values displayed are for Total Uncompensated Care

Holy Rosary Medical Center

www.holyrosary-ontario.org/about/about.html
 351 SW 9th Street, Ontario, OR 97914 * (541) 881-7000

Senate District 30
 House District 60



Hospital Description

Hospital Type: **Type A**

- > A rural hospital operating in Ontario, Malheur County, Oregon
- > Current hospital was initially built in the early 20th century and has been renovated several times in the ensuing century.
- > Part of Catholic Health Initiatives, one of the largest not-for-profit hospital systems in the nation. Founded in 1911 by Dominican nuns expelled from Portugal.

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 127 - Heart failure and shock
- 6) 143 - Chest pain
- 7) 209 - Major joint & limb reattachment procedures of lower extremity
- 8) 088 - Chronic obstructive pulmonary disease
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 390 - Neonate with other significant problems

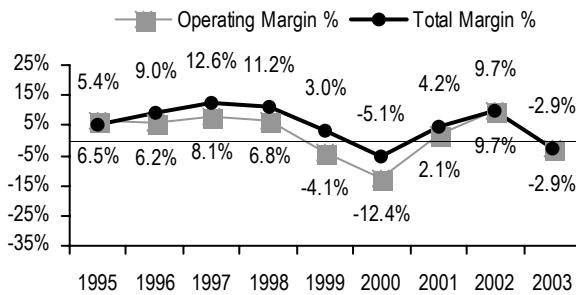
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	74	55	-25.3%
Total Non-Physician Staff FTE	345	414	20.1%
Non-Physician FTE/100 Adj Admissions	4.7	4.8	1.6%
Inpatient Hospital Discharges*	4,436	4,254	-4.1%
Acute Inpatient Days*	14,318	11,693	-18.3%
Occupancy Rate	53.0%	58.0%	9.4%
Average Length of Stay (days)*	3.2	2.7	-14.8%
Outpatient Visits	65,746	56,840	-13.5%
Gross Patient Revenue (\$millions**)	\$55.8	\$71.7	28.6%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

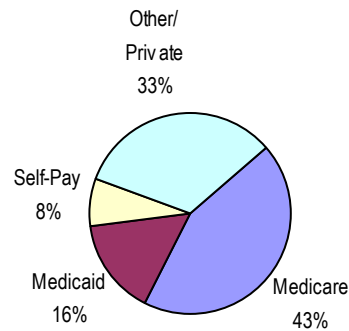
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



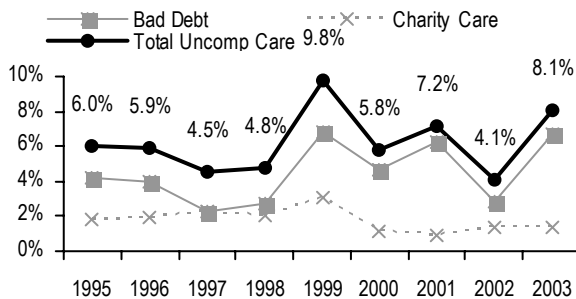
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

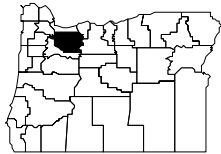


*Values displayed are for Total Uncompensated Care

Kaiser Sunnyside Medical Center

www.kaiserpermanente.org
 10108 SE Sunnyside Road, Clackamas, OR 97015 * (503) 652-2880

Senate District **20**
 House District **40**



Hospital Description

Hospital Type: **DRG**

Top 10 DRGs by Volume (2003)

- > A DRG hospital operating in Clackamas County, Oregon
- > Part of Kaiser Foundation Hospitals.
- > Hospital opened in 1994; replaced an older Kaiser Hospital in North Portland (Bess Kaiser Hospital).

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 127 - Heart failure and shock
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 143 - Chest pain
- 8) 014 - Specific cerebrovascular disorders except Transient Ischemic Attack
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 10) 371 - Cesarean section without CC

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	189	183	-3.0%
Total Non-Physician Staff FTE	554	1,530	176.1%
Non-Physician FTE/100 Adj Admissions	--	--	--
Inpatient Hospital Discharges*	13,873	14,238	2.6%
Acute Inpatient Days*	44,867	51,055	13.8%
Occupancy Rate	65.0%	76.3%	17.4%
Average Length of Stay (days)*	3.2	3.6	10.9%
Outpatient Visits	107,328	90,589	-15.6%
Gross Patient Revenue (\$millions**)	--	--	--

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

*Includes newborns **Adjusted to 2003 dollars --Not Available

Kaiser has an integrated system that makes tracking of their financial information difficult. Operating Margin and Total Margin, Uncompensated Care, Payer Mix, and other data are, therefore, not available.

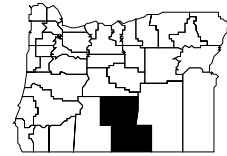
Lake District Hospital

www.lake-health.com

700 South J Street, Lakeview, OR 97630 * (541) 947-2114

Senate District 28

House District 55



Hospital Description

- > A Critical Access Hospital
- > Supported by Lake County Health District, a special tax district that operates Lake District Hospital, long-term care, home health and hospice services, a vascular lab and wound clinic, and an aesthetic center.
- > A rural hospital serving Lake County, Oregon; Northern California; and Northwest Nevada, a service area of approximately 12,000 people.
- > Not-for-profit facility

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 140 - Angina pectoris
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 127 - Heart failure and shock
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 143 - Chest pain
- 8) 243 - Medical back problems
- 9) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 10) 097 - Bronchitis & asthma, age>17 without CC

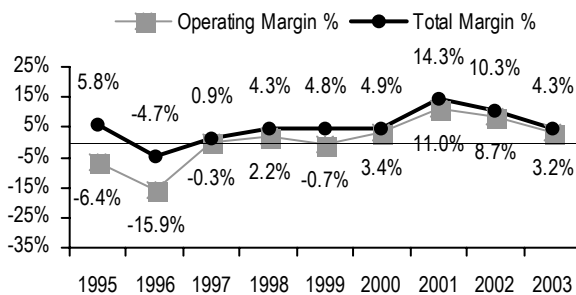
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	21	15	-28.6%
Total Non-Physician Staff FTE	54	77	43.3%
Non-Physician FTE/100 Adj Admissions	3.6	3.5	-2.5%
Inpatient Hospital Discharges*	408	584	43.1%
Acute Inpatient Days*	1,015	1,509	48.7%
Occupancy Rate	13.2%	27.6%	108.1%
Average Length of Stay (days)*	2.5	2.6	3.9%
Outpatient Visits	14,407	17,705	22.9%
Gross Patient Revenue (\$millions**)	\$6.1	\$10.9	78.7%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

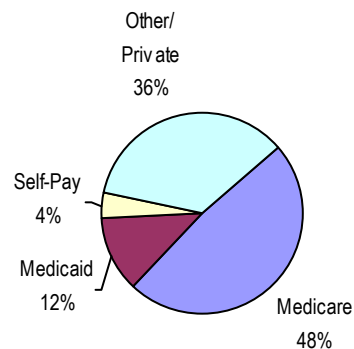
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



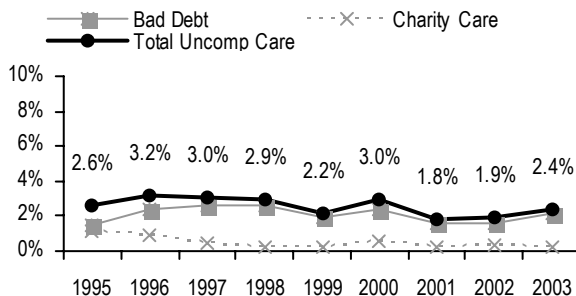
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

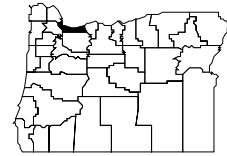
Legacy Emanuel Hospital

www.legacyhealth.org

2801 N. Gantenbein, Portland, OR 97227 * (503) 413-4891

Senate District 22

House District 43



Hospital Description

- > A DRG hospital serving the Portland-Vancouver metropolitan area
- > One of two Level I trauma centers in the region
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Phychoses
- 4) 371 - Cesarean section without CC
- 5) 390 - Neonate with other significant problems
- 6) 098 - Bronchitis & asthma, age 0-17
- 7) 143 - Chest pain
- 8) 184 - Esphagitis, gastroenteritis & misc digestive disorders, age 0-17
- 9) 388 - Prematurity without major problems
- 10) 386 - Extreme immaturity or respiratory distress syndrome, neonate

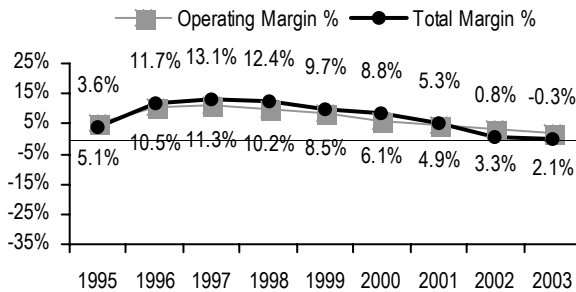
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	411	385	-6.3%
Total Non-Physician Staff FTE	1,609	2,655	65.0%
Non-Physician FTE/100 Adj Admissions	7.0	9.8	39.6%
Inpatient Hospital Discharges*	17,163	20,483	19.3%
Acute Inpatient Days*	77,248	105,400	36.4%
Occupancy Rate	51.5%	75.0%	45.7%
Average Length of Stay (days)*	4.5	5.1	14.3%
Outpatient Visits	192,529	220,073	14.3%
Gross Patient Revenue (\$millions**)	\$303.2	\$584.9	92.9%

*Includes newborns **Adjusted to 2003 dollars --Not Available

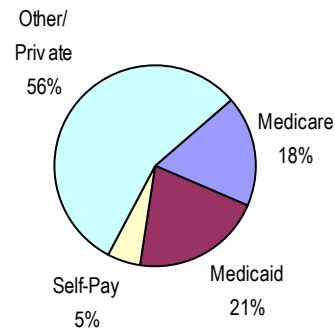
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Operating Margin and Total Margin*



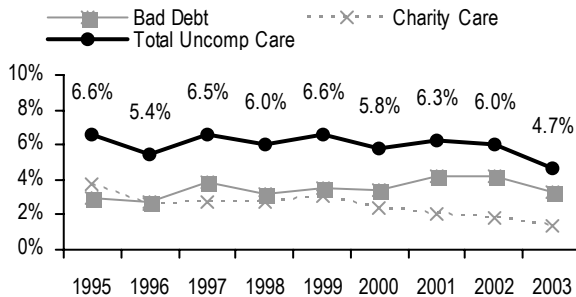
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

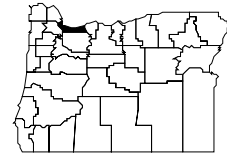
Legacy Good Samaritan Hospital and Medical Center

www.legacyhealth.org

1015 NW 22nd Avenue, Portland, OR 97210 * (503) 413-7711

Senate District 17

House District 33



Hospital Description

- > A DRG hospital serving residents of the Portland-Vancouver metropolitan area
- > Founded in 1875 by the Episcopal Diocese of Oregon, Good Samaritan is one of the oldest hospitals in the Pacific Northwest.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Phychoses
- 4) 462 - Rehabilitation
- 5) 500 - Back & neck procedures except spinal fusion without CC
- 6) 143 - Chest pain
- 7) 288 - OR procedures for obesity
- 8) 127 - Heart failure and shock
- 9) 527 - Percutaneous cardiovascular procedures with drug eluting stent without AMI
- 10) 371 - Cesarean section without CC

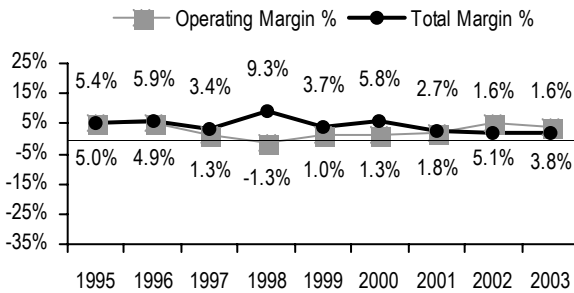
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	305	275	-9.9%
Total Non-Physician Staff FTE	1,559	1,348	-13.6%
Non-Physician FTE/100 Adj Admissions	7.0	6.4	-8.6%
Inpatient Hospital Discharges*	13,037	14,272	9.5%
Acute Inpatient Days*	55,155	61,318	11.2%
Occupancy Rate	49.5%	61.1%	23.4%
Average Length of Stay (days)*	4.2	4.3	1.6%
Outpatient Visits	243,215	206,183	-15.2%
Gross Patient Revenue (\$millions**)	\$257.0	\$344.7	34.2%

*Includes newborns **Adjusted to 2003 dollars --Not Available

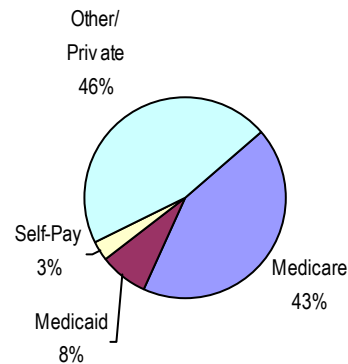
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Operating Margin and Total Margin*



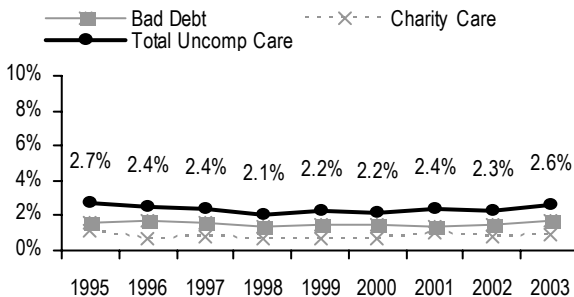
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

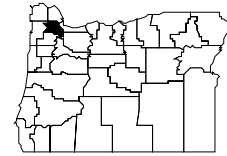
Legacy Meridian Park Hospital

www.legacyhealth.org

19300 SW 65th, Tualatin, OR 97062 * (503) 692-1212

Senate District 19

House District 37



Hospital Description

- > A DRG hospital serving a five-county area that includes portions of Clackamas, Multnomah, Washington, Yamhill and Marion counties.
- > The 48-acre campus includes the main hospital, two medical office buildings, the Radiation and Oncology Center, the Community Health Education Center, Legacy's second Women's Breast Health Center and the Temporary Living Center
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 371 - Cesarean section without CC
- 5) 127 - Heart failure and shock
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 143 - Chest pain
- 8) 500 - Back & neck procedures except spinal fusion without CC
- 9) 014 - Specific cerebrovascular disorders except Transient Ischemic Attack
- 10) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC

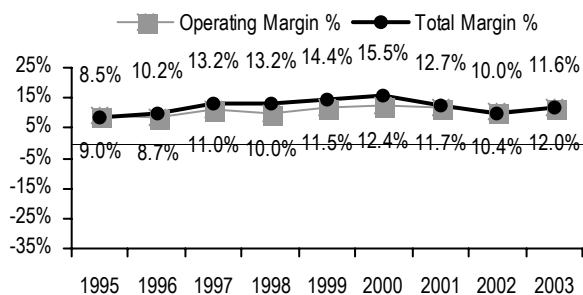
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	116	133	14.7%
Total Non-Physician Staff FTE	440	509	15.8%
Non-Physician FTE/100 Adj Admissions	3.9	3.3	-15.9%
Inpatient Hospital Discharges*	7,686	8,705	13.3%
Acute Inpatient Days*	23,793	27,619	16.1%
Occupancy Rate	56.2%	56.9%	1.2%
Average Length of Stay (days)*	3.1	3.2	2.5%
Outpatient Visits	61,659	121,836	97.6%
Gross Patient Revenue (\$millions**)	\$72.8	\$159.4	118.8%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

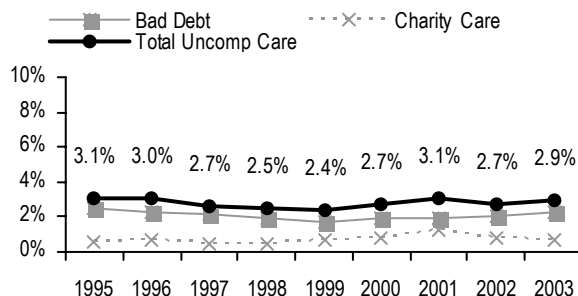
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



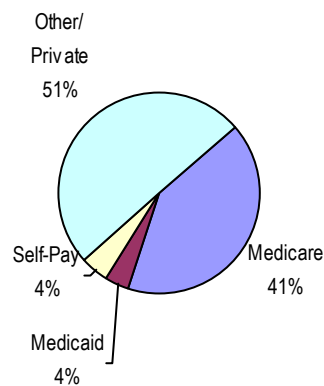
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

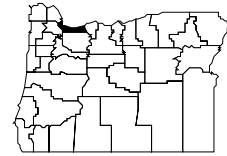
Legacy Mt. Hood Medical Center

www.legacyhealth.org

24800 SE Stark Street, Gresham, OR 97030 * (503) 674-1122

Senate District 25

House District 49



Hospital Description

- > A DRG hospital located in the Portland suburb of Gresham, provides full-service hospital care to east Multnomah and north Clackamas counties.
- > Services include inpatient, outpatient, emergency care, radiation oncology, cardiac rehabilitation and health education, plus childbirth and pregnancy in the Family Birth Center.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 143 - Chest pain
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 127 - Heart failure and shock
- 7) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 8) 209 - Major joint & limb reattachment procedures of lower extremity
- 9) 500 - Back & neck procedures except spinal fusion without CC
- 10) 390 - Neonate with other significant problems

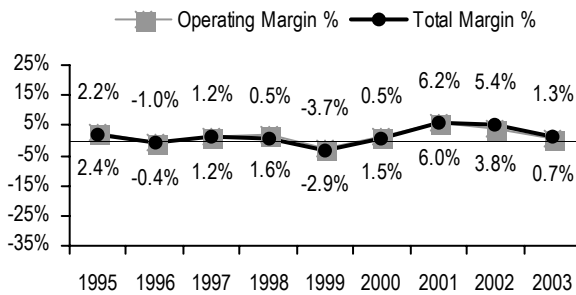
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	97	63	-35.0%
Total Non-Physician Staff FTE	262	337	28.4%
Non-Physician FTE/100 Adj Admissions	4.1	3.9	-5.1%
Inpatient Hospital Discharges*	3,842	5,345	39.1%
Acute Inpatient Days*	13,203	16,458	24.7%
Occupancy Rate	37.3%	71.5%	91.7%
Average Length of Stay (days)*	3.4	3.1	-10.4%
Outpatient Visits	42,227	90,482	114.3%
Gross Patient Revenue (\$millions**)	\$43.0	\$87.7	103.9%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

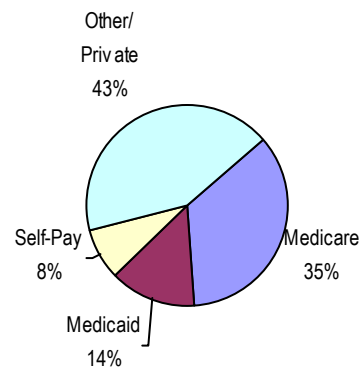
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



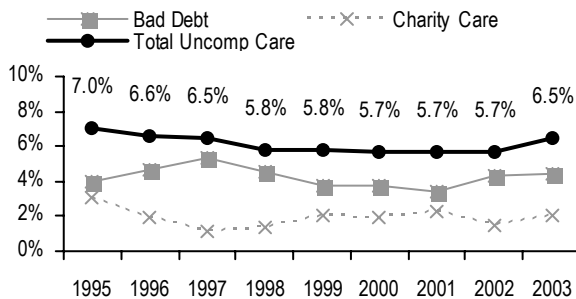
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

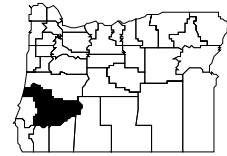


*Values displayed are for Total Uncompensated Care

Lower Umpqua Hospital

www.lowerumpquahospital.com
 600 Ranch Road, Reedsport, OR 97467 * (541) 271-2171

Senate District 5
 House District 09



Hospital Description

- > A Critical Access Hospital
- > Supported by Lower Umpqua Hospital District; not-for profit facility
- > A rural hospital located in Reedsport, a small coastal town in Douglas County.
- > Services include inpatient, outpatient, emergency care, home health and many rehabilitative services.

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 088 - Chronic obstructive pulmonary disease
- 3) 127 - Heart failure and shock
- 4) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 5) 174 - GI hemorrhage with CC
- 6) 243 - Medical back problems
- 7) 138 - Cardiac arrhythmia & conduction disorder with CC
- 8) 209 - Major joint & limb reattachment procedures of lower extremity
- 9) 296 - Nutritional and misc metabolic disorders, age>17 with CC
- 10) 210 - Hip & femur procedure, except major joint, age>17 with CC

Hospital Characteristics

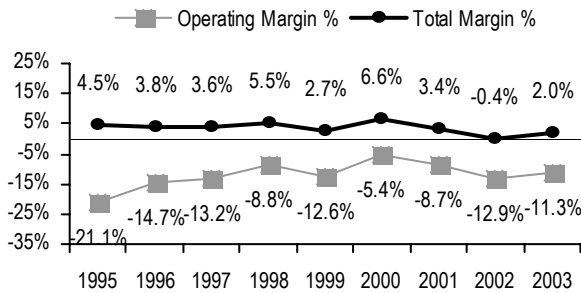
	1995	2003	% Change
Staffed Beds	18	14	-22.2%
Total Non-Physician Staff FTE	96	141	46.6%
Non-Physician FTE/100 Adj Admissions	5.4	8.2	53.1%
Inpatient Hospital Discharges*	527	512	-2.8%
Acute Inpatient Days*	1,896	1,726	-9.0%
Occupancy Rate	28.9%	33.8%	17.0%
Average Length of Stay (days)*	3.6	3.4	-6.3%
Outpatient Visits	12,018	18,975	57.9%
Gross Patient Revenue (\$millions**)	\$8.5	\$16.2	89.4%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

*Includes newborns **Adjusted to 2003 dollars --Not Available

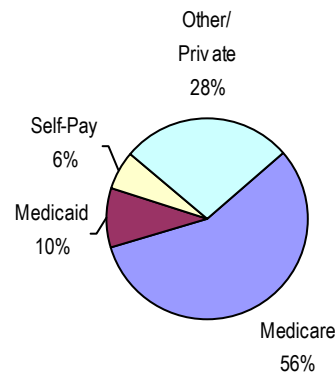
Internal hospital records show 20,715 outpatient visits.

Operating Margin and Total Margin*



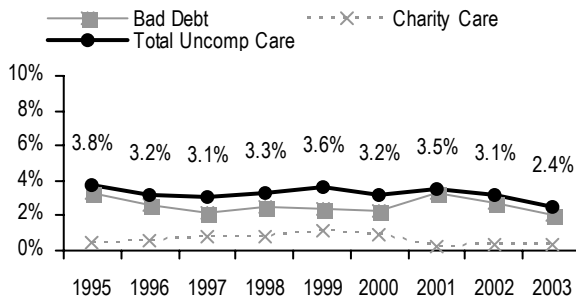
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



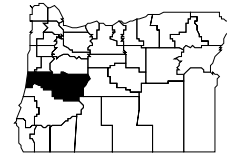
*Values displayed are for Total Uncompensated Care

McKenzie-Willamette Medical Center

www.mckweb.com

1460 G Street, Springfield, OR 97477 * (541) 726-4401

Senate District 6
House District 12



Hospital Description

- > A DRG hospital serving residents in Springfield, Lane County, Oregon
- > Level III trauma center and full-range hospital, including intensive care/coronary care, pulmonary medicine, oncology, maternity, surgery, diagnostic imaging, and rehabilitation.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 371 - Cesarean section without CC
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 500 - Back & neck procedures except spinal fusion without CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 127 - Heart failure and shock
- 10) 174 - GI hemorrhage with CC

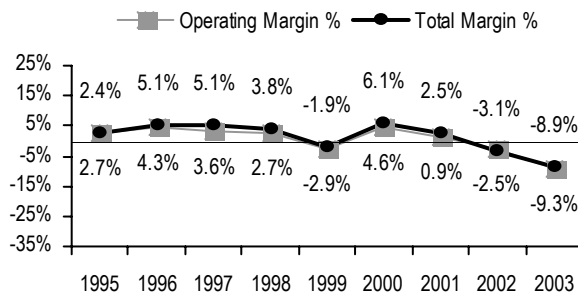
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	114	114	0.0%
Total Non-Physician Staff FTE	441	625	41.7%
Non-Physician FTE/100 Adj Admissions	4.7	5.5	17.6%
Inpatient Hospital Discharges*	5,134	6,762	31.7%
Acute Inpatient Days*	17,228	21,907	27.2%
Occupancy Rate	41.4%	52.6%	27.2%
Average Length of Stay (days)*	3.4	3.2	-3.5%
Outpatient Visits	119,660	160,194	33.9%
Gross Patient Revenue (\$millions**)	\$72.6	\$119.8	65.2%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

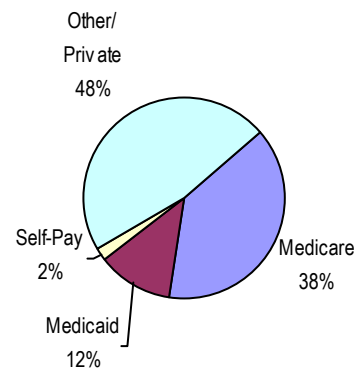
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



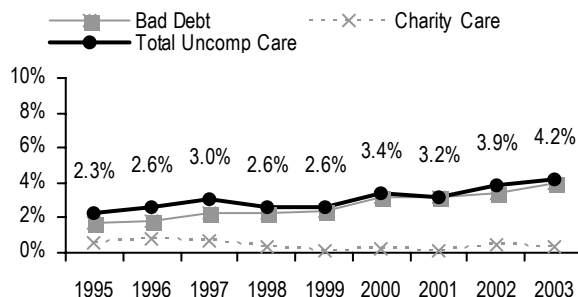
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



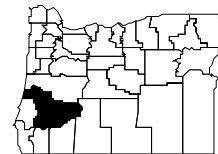
*Values displayed are for Total Uncompensated Care

Mercy Medical Center

www.mercyrore.org

2700 Stewart Parkway, Roseburg, OR 97470 * (541) 677-2467

Senate District 1
House District 02



Hospital Description

- > A rural DRG hospital serving residents in Roseburg, Douglas County, Oregon
- > Not-for-profit hospital owned by Catholic Health Initiatives
- > Level III trauma center.

Hospital Type: **DRG**

Top 10 DRGs by Volume (2003)

- 1) 430 - Phychoses
- 2) 391 - Normal Newborn
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 127 - Heart failure and shock
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 8) 143 - Chest pain
- 9) 209 - Major joint & limb reattachment procedures of lower extremity
- 10) 371 - Cesarean section without CC

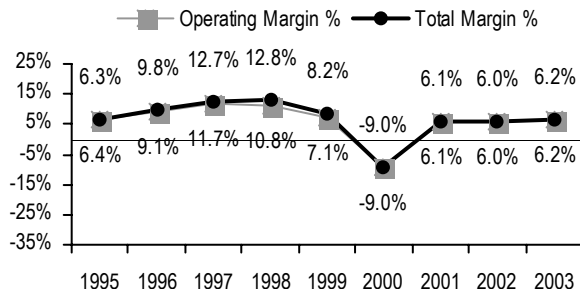
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	96	149	55.2%
Total Non-Physician Staff FTE	503	1,078	114.5%
Non-Physician FTE/100 Adj Admissions	4.7	5.6	17.6%
Inpatient Hospital Discharges*	6,980	10,564	51.3%
Acute Inpatient Days*	22,498	39,917	77.4%
Occupancy Rate	64.2%	73.4%	14.3%
Average Length of Stay (days)*	3.2	3.8	17.2%
Outpatient Visits	133,902	215,775	61.1%
Gross Patient Revenue (\$millions**)	\$76.8	\$219.3	185.3%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

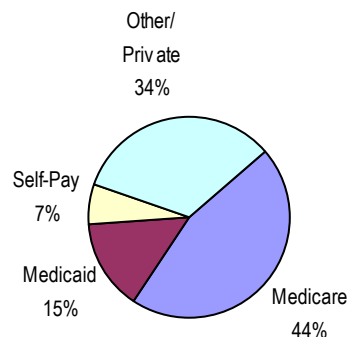
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



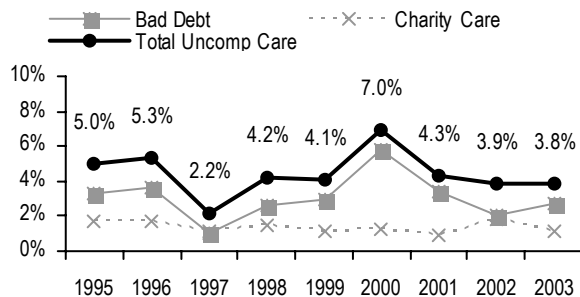
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



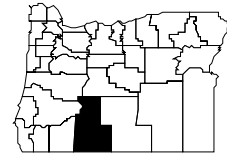
*Values displayed are for Total Uncompensated Care

Merle West Medical Center

www.mwmc.org

2865 Daggett, Klamath Falls, OR 97601 * (541) 883-6151

Senate District 28
House District 56



Hospital Description

- > A DRG hospital serving residents in Klamath and Lake Counties, Oregon
- > First built in the 1960s in response to community need
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 371 - Cesarean section without CC
- 6) 143 - Chest pain
- 7) 288 - OR procedures for obesity
- 8) 390 - Neonate with other significant problems
- 9) 125 - Circulatory disorders except AMI, with cardiac cath, without complex diagnosis
- 10) 127 - Heart failure and shock

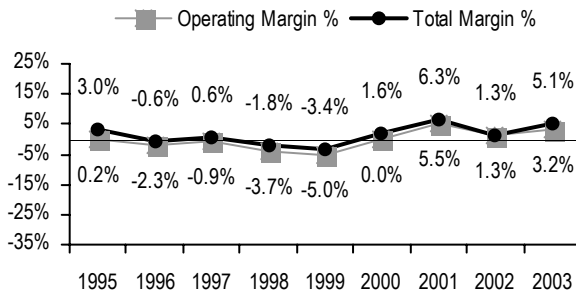
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	151	131	-13.2%
Total Non-Physician Staff FTE	743	854	15.0%
Non-Physician FTE/100 Adj Admissions	5.6	6.3	13.0%
Inpatient Hospital Discharges*	7,289	7,397	1.5%
Acute Inpatient Days*	27,151	25,125	-7.5%
Occupancy Rate	49.3%	52.5%	6.7%
Average Length of Stay (days)*	3.7	3.4	-8.8%
Outpatient Visits	162,101	199,926	23.3%
Gross Patient Revenue (\$millions**)	\$103.4	\$147.4	42.5%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

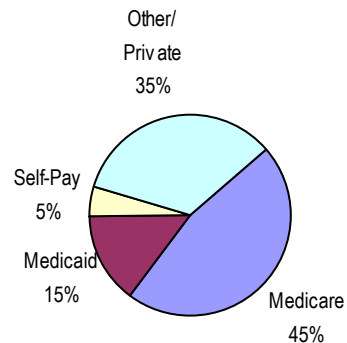
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



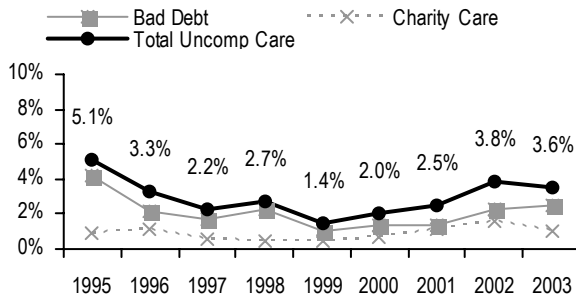
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

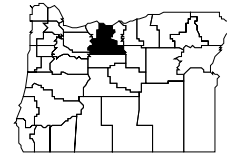
Mid-Columbia Medical Center

www.mcmc.net

1700 E. 19th Street, The Dalles, OR 97058 * (541) 296-1111

Senate District 30

House District 59



Hospital Description

Hospital Type: **Type B**

- > A rural hospital serving residents of the North Central Oregon.
- > Serving the Mid-Columbia region for over 50 years.
- > Not-for-profit facility

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 369 - Menstrual and other female reproductive system disorders
- 4) 143 - Chest pain
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 127 - Heart failure and shock
- 8) 138 - Cardiac arrhythmia & conduction disorder with CC
- 9) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 10) 174 - GI hemorrhage with CC

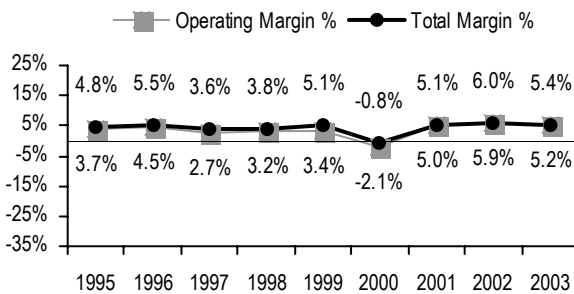
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	49	49	0.0%
Total Non-Physician Staff FTE	263	336	27.6%
Non-Physician FTE/100 Adj Admissions	5.9	4.9	-17.2%
Inpatient Hospital Discharges*	1,806	2,866	58.7%
Acute Inpatient Days*	6,050	9,326	54.1%
Occupancy Rate	33.8%	52.1%	54.1%
Average Length of Stay (days)*	3.3	3.3	-2.9%
Outpatient Visits	55,071	99,814	81.2%
Gross Patient Revenue (\$millions**)	\$44.2	\$90.8	105.5%

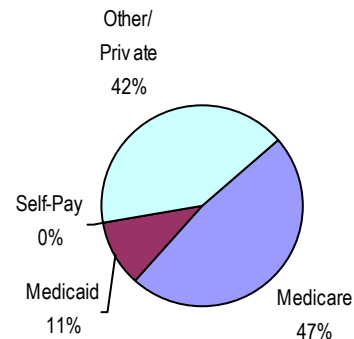
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



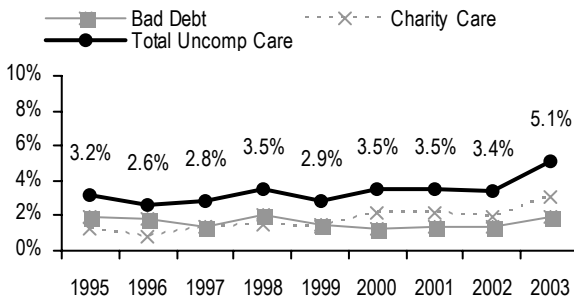
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

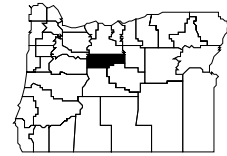
Mountain View Hospital

www.mvhd.org

470 NE "A" Street, Madras, OR 97741 * (541) 475-3882

Senate District 30

House District 59



Hospital Description

Hospital Type: **Type B**

- > Supported by Mt. View Hospital District; a not-for-profit facility
- > A rural hospital, serving residents of Jefferson County.
- > Open since 1967 providing emergency care, surgery, radiology, state-of-the-art mammography, physical therapy, and laboratory services, as well as family birthing suites, home health and hospice programs.

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 371 - Cesarean section without CC
- 5) 143 - Chest pain
- 6) 174 - GI hemorrhage with CC
- 7) 127 - Heart failure and shock
- 8) 209 - Major joint & limb reattachment procedures of lower extremity
- 9) 296 - Nutritional and misc metabolic disorders, age>17 with CC
- 10) 416 - Septicemia, age<17

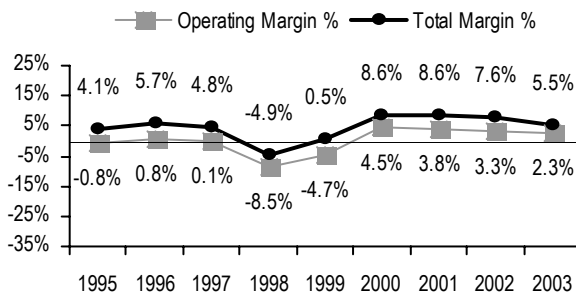
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	36	31	-13.9%
Total Non-Physician Staff FTE	158	155	-2.1%
Non-Physician FTE/100 Adj Admissions	5.5	4.7	-13.7%
Inpatient Hospital Discharges*	1,125	1,273	13.2%
Acute Inpatient Days*	3,110	3,074	-1.2%
Occupancy Rate	23.7%	27.2%	14.8%
Average Length of Stay (days)*	2.8	2.4	-12.6%
Outpatient Visits	32,052	28,622	-10.7%
Gross Patient Revenue (\$millions**)	\$14.5	\$16.2	11.9%

*Includes newborns **Adjusted to 2003 dollars --Not Available

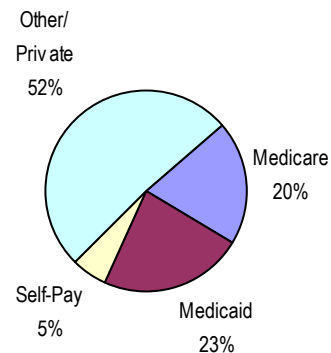
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Operating Margin and Total Margin*



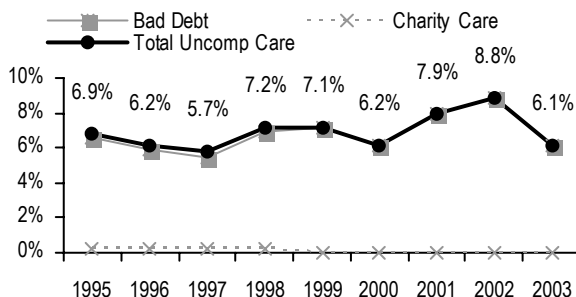
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

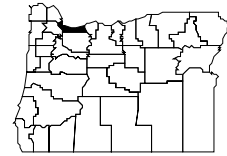
OHSU Hospital

www.ohsu.edu

3181 SW Sam Jackson Park Road, Portland, OR 97239 * (503) 494-8311

Senate District 18

House District 36



Hospital Description

Hospital Type: DRG

- > A teaching hospital in Portland, serving the Metro area and some parts of rural Oregon through rural outreach clinics.
- > The largest hospital in Oregon; one of two Level I trauma centers in Oregon.
- > Not-for-profit facility

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 390 - Neonate with other significant problems
- 5) 410 - Chemotherapy without acute leukemia as secondary diagnosis
- 6) 430 - Phychoses
- 7) 372 - Vaginal delivery with complicating diagnoses
- 8) 098 - Bronchitis & asthma, age 0-18
- 9) 001 - Craniotomy, age<17 except for trauma
- 10) 388 - Prematurity without major problems

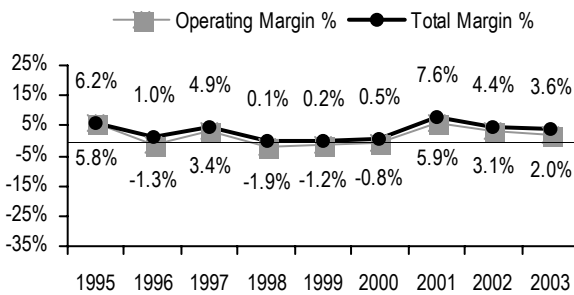
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	353	447	26.5%
Total Non-Physician Staff FTE	2,568	4,026	56.8%
Non-Physician FTE/100 Adj Admissions	9.3	10.2	9.5%
Inpatient Hospital Discharges*	16,237	26,420	62.7%
Acute Inpatient Days*	89,550	134,935	50.7%
Occupancy Rate	69.5%	82.7%	19.1%
Average Length of Stay (days)*	5.5	5.1	-7.4%
Outpatient Visits	331,429	608,646	83.6%
Gross Patient Revenue (\$millions**)	\$459.6	\$949.7	106.6%

*Includes newborns **Adjusted to 2003 dollars --Not Available

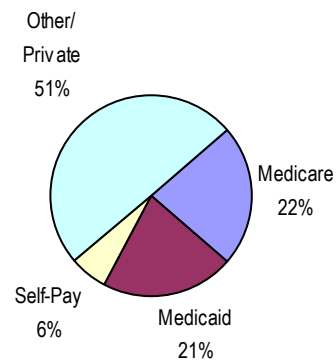
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Operating Margin and Total Margin*



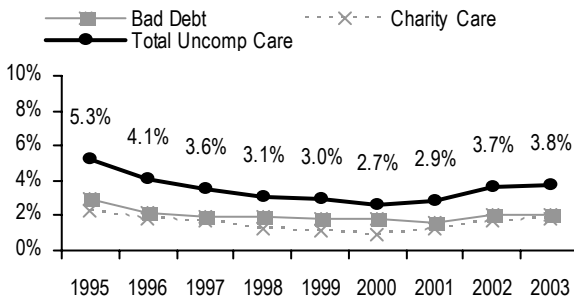
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

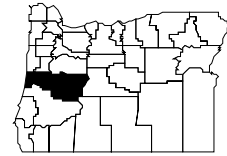


*Values displayed are for Total Uncompensated Care

Peace Harbor Hospital

www.peacehealth.org/Siuslaw/
 400 9th Street PO Box 580, Florence, OR 97439 * (541) 997-8412

Senate District 5
 House District 09



Hospital Description

- > A Critical Access Hospital
- > A rural hospital, serving residents in Florence, Oregon.
- > Central Oregon coast hospital in existence since 1979, owned by PeaceHealth.
- > Not-for-profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 209 - Major joint & limb reattachment procedures of lower extremity
- 3) 391 - Normal newborn
- 4) 373 - Vaginal delivery without complicating diagnoses
- 5) 143 - Chest pain
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 127 - Heart failure and shock
- 8) 015 - Transient Ischemic Attack and precerebral occlusions
- 9) 122 - Circulatory disorder with AMI and major complications, discharged alive
- 10) 204 - Disorders of pancreas except malignancy

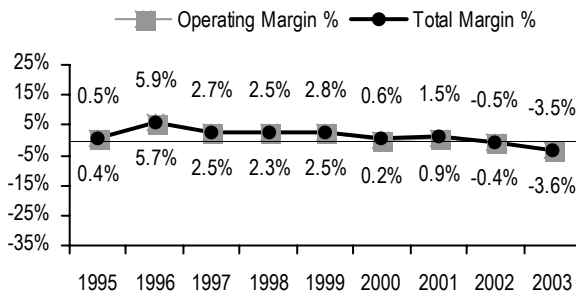
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	21	21	0.0%
Total Non-Physician Staff FTE	215	295	37.2%
Non-Physician FTE/100 Adj Admissions	7.2	8.1	11.4%
Inpatient Hospital Discharges*	1,104	1,268	14.9%
Acute Inpatient Days*	3,788	3,818	0.8%
Occupancy Rate	49.4%	49.8%	0.8%
Average Length of Stay (days)*	3.4	3.0	-12.2%
Outpatient Visits	50,916	37,465	-26.4%
Gross Patient Revenue (\$millions**)	\$23.7	\$40.8	72.4%

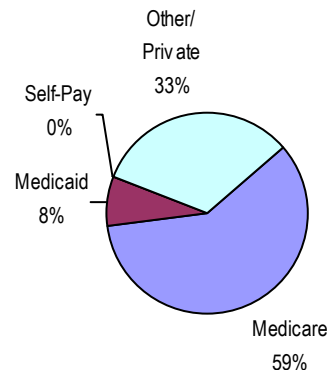
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



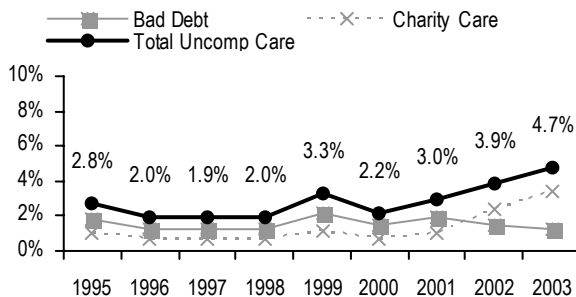
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

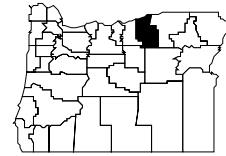
Pioneer Memorial Hospital (Heppner)

www.uci.net/~mchd/

564 E.Pioneer Drive PO Box 9, Heppner, OR 97836 * (541) 676-2915

Senate District 29

House District 57



Hospital Description

- > A Critical Access Hospital
- > Supported by Morrow County Health District; a not-for-profit facility
- > A rural hospital serving residents of Morrow County.
- > One of the most remote hospitals in Oregon. Encompasses 2,049 square miles and has 8,700 persons within its boundaries, about 4 people per square mile.

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 088 - Chronic obstructive pulmonary disease
- 3) 143 - Chest pain
- 4) 140 - Angina pectoris
- 5) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 6) 127 - Heart failure and shock
- 7) 174 - GI hemorrhage with CC
- 8) 277 - Cellulitis, age>17 with CC
- 9) 138 - Cardiac arrhythmia & conduction disorder with CC
- 10) 097 - Bronchitis & asthma, age>17 without CC

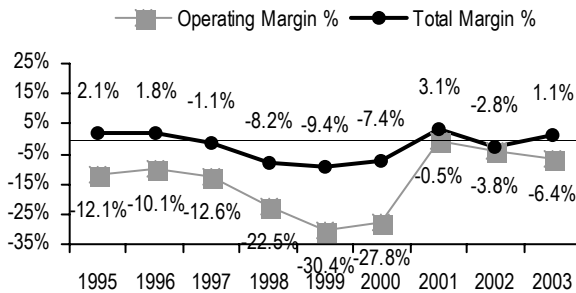
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	12	12	0.0%
Total Non-Physician Staff FTE	42	45	8.1%
Non-Physician FTE/100 Adj Admissions	4.7	4.6	-3.2%
Inpatient Hospital Discharges*	109	158	45.0%
Acute Inpatient Days*	435	319	-26.7%
Occupancy Rate	9.9%	7.3%	-26.7%
Average Length of Stay (days)*	4.0	2.0	-49.4%
Outpatient Visits	27,982	15,201	-45.7%
Gross Patient Revenue (\$millions**)	\$5.5	\$4.5	-19.0%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

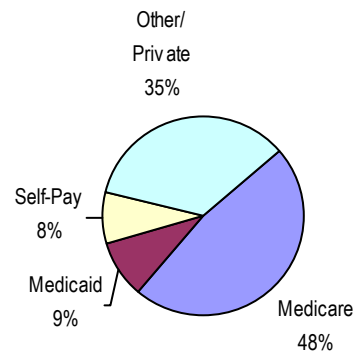
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



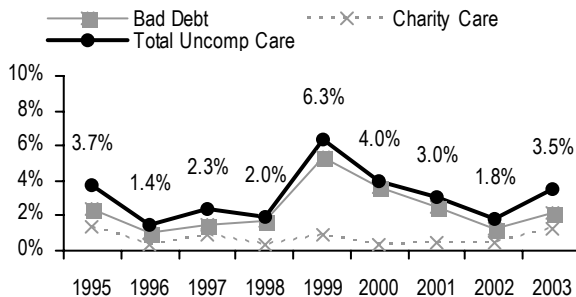
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

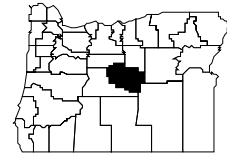


*Values displayed are for Total Uncompensated Care

Pioneer Memorial Hospital (Prineville)

www.pmhprineville.org/1-index.htm
 1201 NE Elm Street, Prineville, OR 97754 * (541) 447-6254

Senate District 28
 House District 55



Hospital Description

- > A Critical Access Hospital
- > A rural hospital serving residents of Crook County.
- > Operating as an acute-care facility since 1950.
- > Not-for-profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 143 - Chest pain
- 5) 127 - Heart failure and shock
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 8) 320 - Kidney, urinary tract infection, age>17 with CC
- 9) 174 - GI hemorrhage with CC
- 10) 139 - Cardiac arrhythmia & conduction disorder without CC

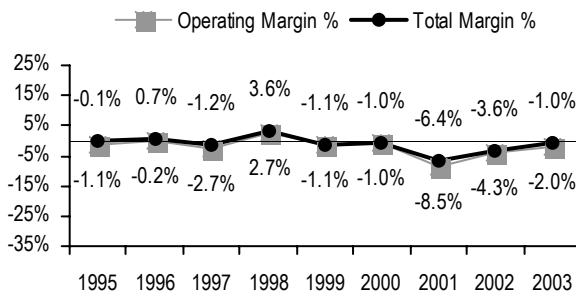
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	25	35	40.0%
Total Non-Physician Staff FTE	115	147	27.5%
Non-Physician FTE/100 Adj Admissions	5.4	5.1	-5.3%
Inpatient Hospital Discharges*	1,047	1,000	-4.5%
Acute Inpatient Days*	3,534	2,754	-22.1%
Occupancy Rate	38.7%	21.6%	-44.3%
Average Length of Stay (days)*	3.4	2.8	-18.4%
Outpatient Visits	22,886	32,058	40.1%
Gross Patient Revenue (\$millions**)	\$12.6	\$20.9	66.4%

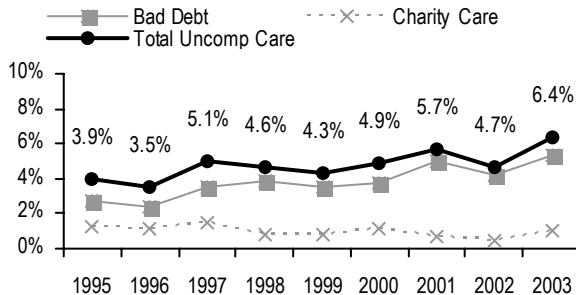
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



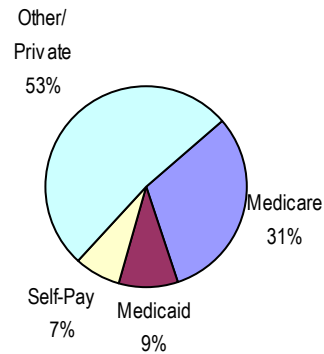
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

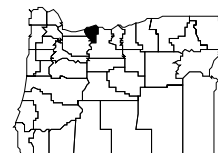
Providence Hood River Memorial Hospital

www.providence.org/hoodriver/default.htm

811 13th Street PO Box149, Hood River, OR 97031 * (541) 386-3911

Senate District 26

House District 52



Hospital Description

Hospital Type: **Type B**

- > Became a Critical Access Hospital on 5/1/2004
- > A rural hospital serving residents of Hood River County in the Columbia River Gorge.
- > This hospital has served the Columbia River Gorge area since 1924.
- > Not-for-profit facility

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 371 - Cesarean section without CC
- 5) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 6) 372 - Vaginal delivery with complicating diagnoses
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 127 - Heart failure and shock
- 9) 174 - GI hemorrhage with CC
- 10) 296 - Nutritional and misc metabolic disorders, age>17 with CC

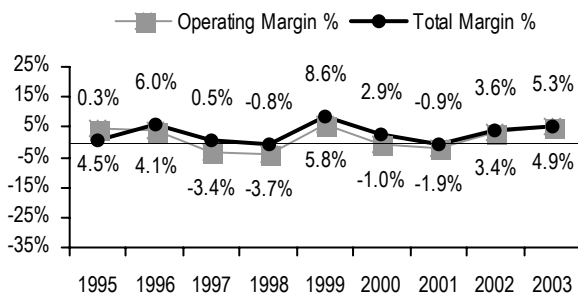
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	31	31	-0.8%
Total Non-Physician Staff FTE	153	292	91.1%
Non-Physician FTE/100 Adj Admissions	4.0	4.7	18.6%
Inpatient Hospital Discharges*	1,902	1,759	-7.5%
Acute Inpatient Days*	4,823	4,292	-11.0%
Occupancy Rate	42.6%	38.2%	-10.3%
Average Length of Stay (days)*	2.5	2.4	-3.8%
Outpatient Visits	34,091	81,627	139.4%
Gross Patient Revenue (\$millions**)	\$20.1	\$54.3	170.7%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

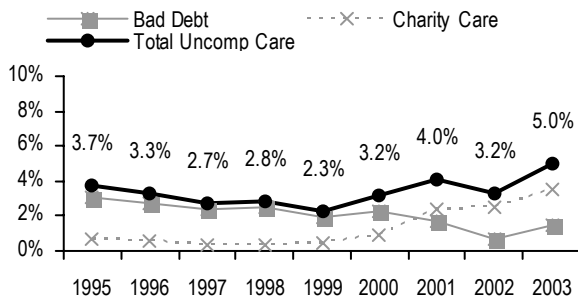
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



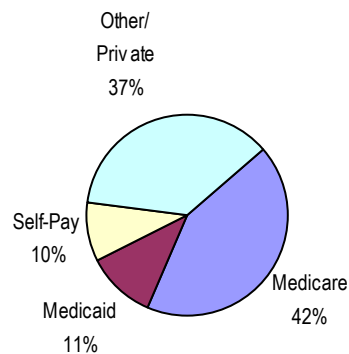
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)

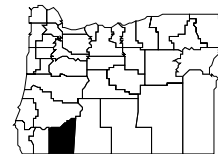


*Of total charges

Providence Medford Medical Center

www.providence.org/Medford/facilities/Medical_Center/default.htm
 1111 Crater Lake Avenue, Medford, OR 97504 * (541) 732-5000

Senate District 3
 House District 06



Hospital Description

- > A community hospital owned by Providence Health Systems.
- > A DRG hospital serving residents of Jackson County in southwest Oregon.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 462 - Rehabilitation
- 5) 127 - Heart failure and shock
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 500 - Back & neck procedures except spinal fusion without CC
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 9) 143 - Chest pain
- 10) 296 - Nutritional and misc metabolic disorders, age>17 with CC

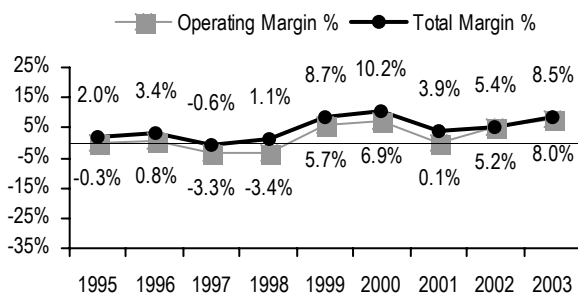
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	152	124	-18.6%
Total Non-Physician Staff FTE	579	768	32.7%
Non-Physician FTE/100 Adj Admissions	6.7	6.5	-4.2%
Inpatient Hospital Discharges*	4,849	6,762	39.5%
Acute Inpatient Days*	19,572	27,747	41.8%
Occupancy Rate	35.3%	61.5%	74.2%
Average Length of Stay (days)*	4.0	4.1	1.7%
Outpatient Visits	243,892	318,318	30.5%
Gross Patient Revenue (\$millions**)	\$69.8	\$187.8	168.9%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

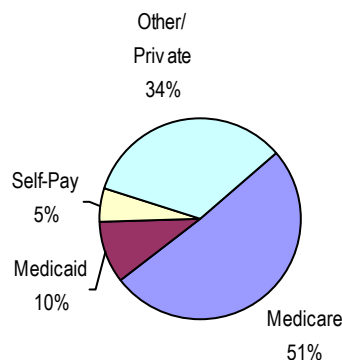
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



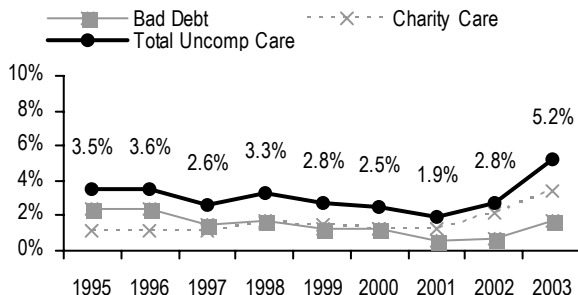
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

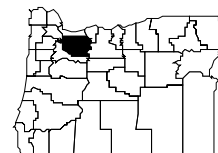


*Values displayed are for Total Uncompensated Care

Providence Milwaukie Hospital

www.providence.org/Oregon/facilities/hospitals/providence_milwaukie/default.htm
 10150 SE 32nd Avenue, Milwaukie, OR 97222 * (503) 513-8300

Senate District 21
 House District 41



Hospital Description

- > A DRG hospital serving the Portland metropolitan area.
- > Built in 1968.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 127 - Heart failure and shock
- 6) 174 - GI hemorrhage with CC
- 7) 143 - Chest pain
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 371 - Cesarean section without CC
- 10) 088 - Chronic obstructive pulmonary disease

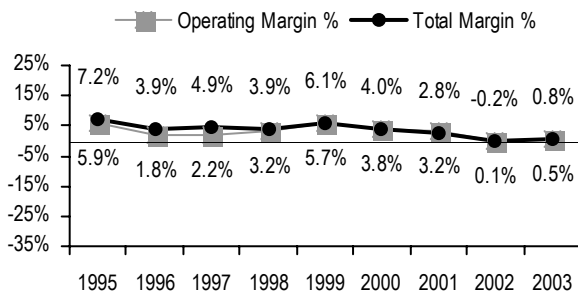
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	55	56	1.7%
Total Non-Physician Staff FTE	231	307	33.1%
Non-Physician FTE/100 Adj Admissions	4.0	3.3	-17.1%
Inpatient Hospital Discharges*	2,583	3,796	47.0%
Acute Inpatient Days*	7,329	10,482	43.0%
Occupancy Rate	36.5%	51.4%	40.7%
Average Length of Stay (days)*	2.8	2.8	-2.7%
Outpatient Visits	150,684	135,209	-10.3%
Gross Patient Revenue (\$millions**)	\$46.3	\$93.8	102.7%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

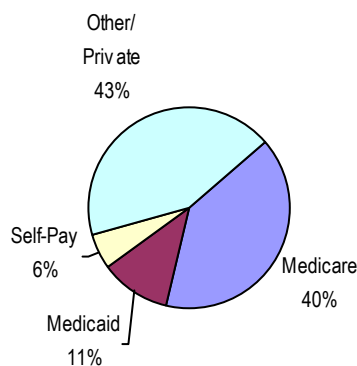
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



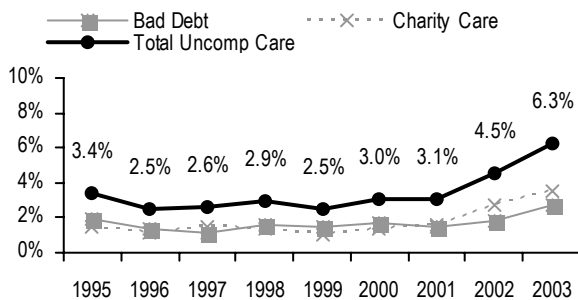
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

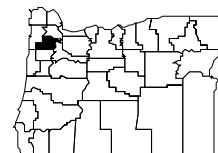


*Values displayed are for Total Uncompensated Care

Providence Newberg Hospital

www.providence.org/yamhill/default.htm
 501 Villa Road, Newberg, OR 97132 * (503) 537-1555

Senate District 12
 House District 24



Hospital Description

Hospital Type: **Type B**

- > A rural hospital serving the suburban Yamhill County area.
- > Hospital that will be upgraded by 2005 with a new medical center.
- > Not-for-profit facility

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 6) 371 - Cesarean section without CC
- 7) 127 - Heart failure and shock
- 8) 138 - Cardiac arrhythmia & conduction disorder with CC
- 9) 143 - Chest pain
- 10) 390 - Neonate with other significant problems

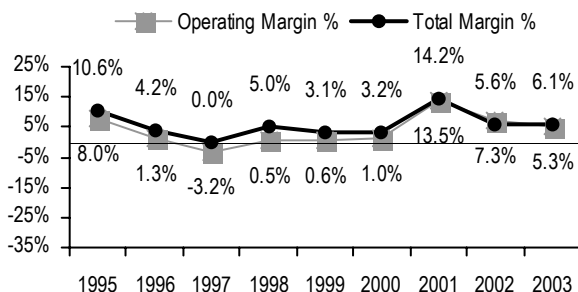
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	35	35	0.2%
Total Non-Physician Staff FTE	167	241	44.7%
Non-Physician FTE/100 Adj Admissions	4.5	4.3	-5.7%
Inpatient Hospital Discharges*	1,638	2,121	29.5%
Acute Inpatient Days*	4,397	5,871	33.5%
Occupancy Rate	34.4%	45.8%	33.2%
Average Length of Stay (days)*	2.7	2.8	3.1%
Outpatient Visits	55,086	116,741	111.9%
Gross Patient Revenue (\$millions**)	\$20.9	\$57.7	176.2%

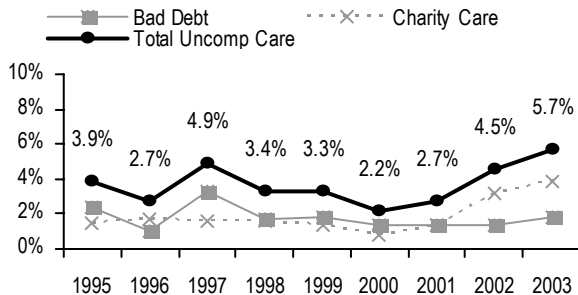
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



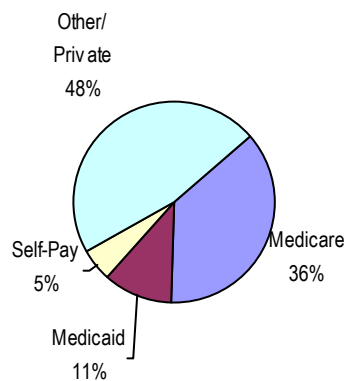
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)

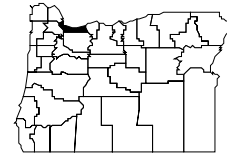


*Of total charges

Providence Portland Medical Center

www.providence.org/Oregon/facilities/hospitals/providence_portland/default.htm
 4805 NE Glisan Street, Portland, OR 97213-2967 * (503) 215-1111

Senate District 21
 House District 46



Hospital Description

- > A teaching hospital located in Northeast Portland.
- > Home of Earle A. Chiles Research Institute, the Gamma Knife Center of Oregon, the Oregon Osteoporosis Center, Providence Acute Rehabilitation Center, Providence Child Center, Providence Heart and Vascular Institute's Heart Clinic/Transplant Program, the Robert W. Franz Cancer Research Center and a variety of surgical services.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Phychoses
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 500 - Back & neck procedures except spinal fusion without CC
- 6) 523 - Alcohol/drug abuse or dependence without rehabilitation therapy without CC
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 462 - Rehabilitation
- 9) 371 - Cesarean section without CC
- 10) 522 - Alcohol/drug abuse or dependence with rehabilitation therapy without CC

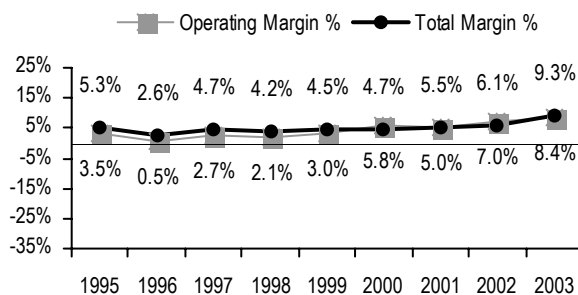
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	451	374	-17.1%
Total Non-Physician Staff FTE	1,663	2,456	47.6%
Non-Physician FTE/100 Adj Admissions	5.0	5.2	2.9%
Inpatient Hospital Discharges*	19,921	24,738	24.2%
Acute Inpatient Days*	87,820	103,748	18.1%
Occupancy Rate	53.3%	76.0%	42.5%
Average Length of Stay (days)*	4.4	4.2	-4.9%
Outpatient Visits	702,990	1,080,590	53.7%
Gross Patient Revenue (\$millions**)	\$328.6	\$739.3	125.0%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

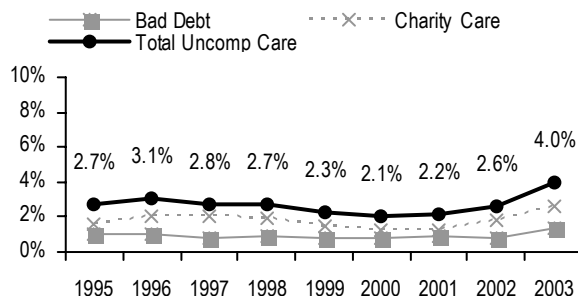
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



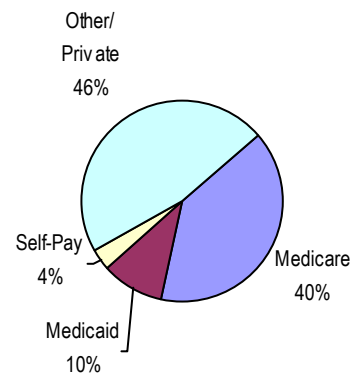
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)

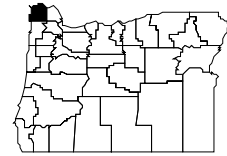


*Of total charges

Providence Seaside Hospital

www.providence.org/northcoast/Seaside_Hospital/default.htm
 725 S. Wahanna Road, Seaside, OR 97138 * (503) 717-7000

Senate District 16
 House District 32



Hospital Description

- > A Critical Access Hospital
- > A rural hospital serving the Clatsop County area.
- > Serves a vacation/resort community that is highly populated in the summer months.
- > Not-for-profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 143 - Chest pain
- 7) 320 - Kidney, urinary tract infection, age>17 with CC
- 8) 139 - Cardiac arrhythmia & conduction disorder without CC
- 9) 127 - Heart failure and shock
- 10) 174 - GI hemorrhage with CC

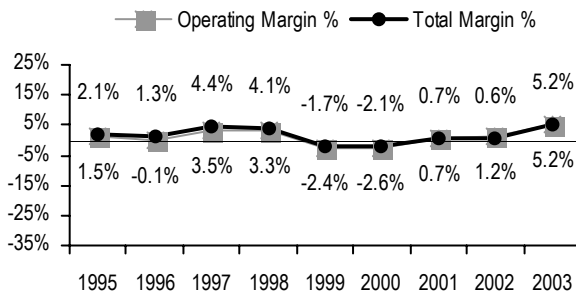
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	26	47	81.1%
Total Non-Physician Staff FTE	140	244	74.4%
Non-Physician FTE/100 Adj Admissions	5.7	6.3	11.1%
Inpatient Hospital Discharges*	990	1,302	31.5%
Acute Inpatient Days*	3,402	3,993	17.4%
Occupancy Rate	35.8%	23.2%	-35.2%
Average Length of Stay (days)*	3.4	3.1	-10.8%
Outpatient Visits	56,082	63,036	12.4%
Gross Patient Revenue (\$millions**)	\$16.9	\$38.2	126.2%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

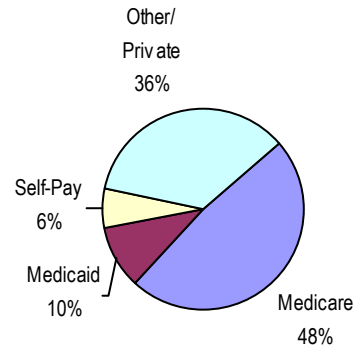
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



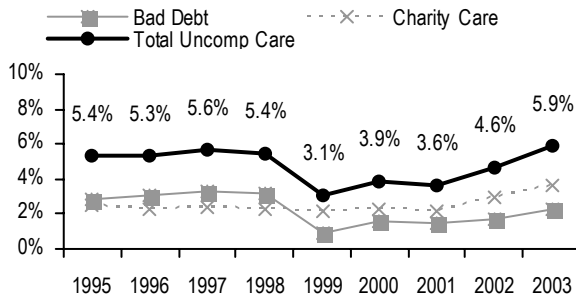
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

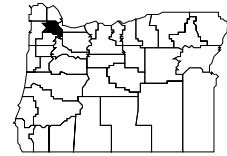


*Values displayed are for Total Uncompensated Care

Providence St. Vincent Medical Center

www.providence.org/Oregon/facilities/hospitals/providence_st_vincent/default.htm
 9205 SW Barnes Road, Portland, OR 97225 * (503) 216-1234

Senate District 17
 House District 33



Hospital Description

- > A DRG hospital serving the Portland metropolitan area.
- > Second largest hospital in Oregon.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Phychoses
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 371 - Cesarean section without CC
- 6) 370 - Cesarean section with CC
- 7) 372 - Vaginal delivery with complicating diagnoses
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 500 - Back & neck procedures except spinal fusion without CC
- 10) 143 - Chest pain

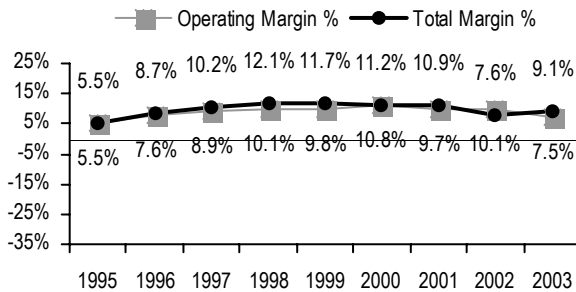
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	244	396	62.3%
Total Non-Physician Staff FTE	1,785	2,724	52.6%
Non-Physician FTE/100 Adj Admissions	5.0	4.7	-5.4%
Inpatient Hospital Discharges*	22,155	35,163	58.7%
Acute Inpatient Days*	85,117	143,191	68.2%
Occupancy Rate	95.6%	99.1%	3.7%
Average Length of Stay (days)*	3.8	4.1	6.0%
Outpatient Visits	490,563	693,655	41.4%
Gross Patient Revenue (\$millions**)	\$378.0	\$907.7	140.1%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

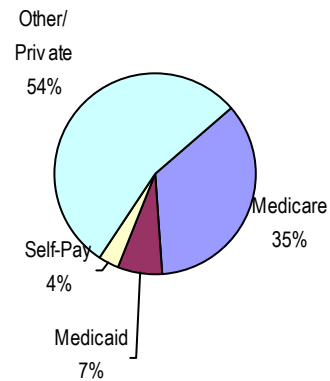
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



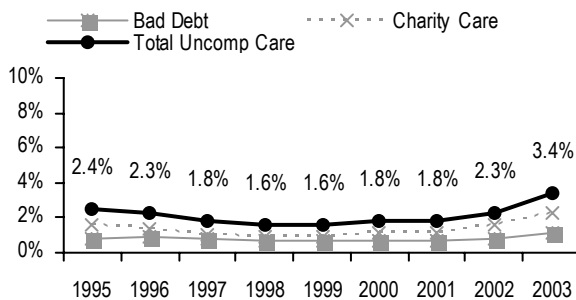
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



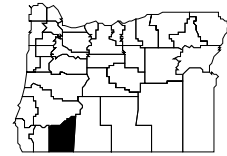
*Values displayed are for Total Uncompensated Care

Rogue Valley Medical Center

www.asante.org

2825 Barnett Rd., Medford, OR 97504 * (541) 608-4900

Senate District 3
House District 06



Hospital Description

- > A DRG hospital serving residents in Jackson County.
- > Part of Asante Health System, which serves Jackson, Josephine and other rural counties in southern Oregon.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Phychoses
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 143 - Chest pain
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 371 - Cesarean section without CC
- 9) 517 - Percutaneous cardiovascular procedures with nondrug eluting stent without AMI
- 10) 127 - Heart failure and shock

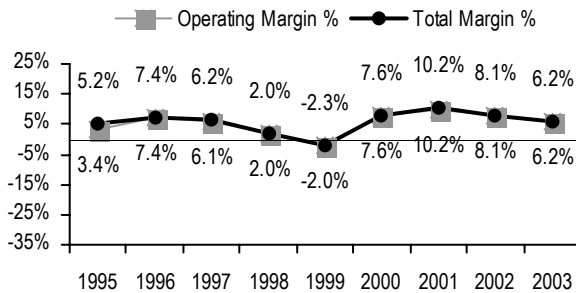
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	277	276	-0.4%
Total Non-Physician Staff FTE	1,116	1,641	47.0%
Non-Physician FTE/100 Adj Admissions	5.8	8.1	39.7%
Inpatient Hospital Discharges*	11,573	15,583	34.6%
Acute Inpatient Days*	47,308	64,324	36.0%
Occupancy Rate	46.8%	63.9%	36.5%
Average Length of Stay (days)*	4.1	4.1	1.0%
Outpatient Visits	265,997	433,685	63.0%
Gross Patient Revenue (\$millions**)	\$177.8	\$342.0	92.4%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

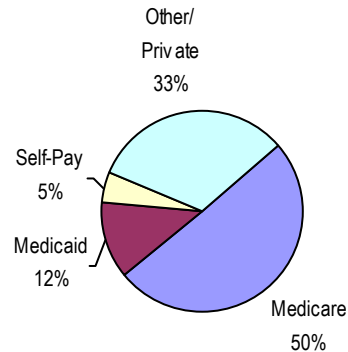
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



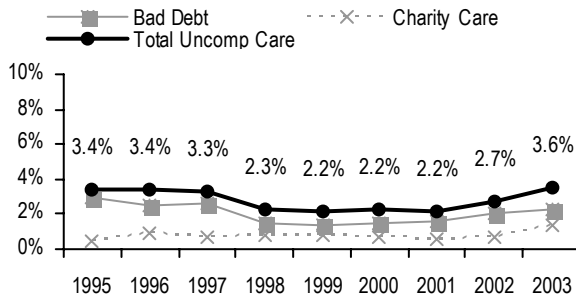
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

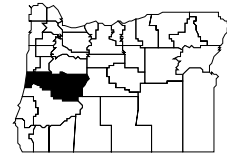


*Values displayed are for Total Uncompensated Care

Sacred Heart Medical Center

www.peacehealth.org
 PO Box 1479, Eugene, OR 97440 * (541) 686-7300

Senate District 7
 House District 13



Hospital Description

- > A DRG hospital serving residents of midwestern Oregon.
- > Part of PeaceHealth. The largest facility between Portland and San Francisco.
- > Not-for-profit facility

Hospital Type: **DRG**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Phychoses
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 371 - Cesarean section without CC
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 500 - Back & neck procedures except spinal fusion without CC
- 8) 127 - Heart failure and shock
- 9) 517 - Percutaneous cardiovascular procedures with nondrug eluting stent without AMI
- 10) 089 - Simple pneumonia & pleurisy, age>17 with CC

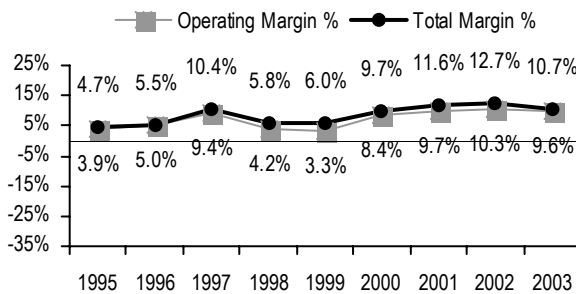
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	408	395	-3.2%
Total Non-Physician Staff FTE	1,731	2,503	44.6%
Non-Physician FTE/100 Adj Admissions	6.3	7.2	14.1%
Inpatient Hospital Discharges*	21,039	27,529	30.8%
Acute Inpatient Days*	94,888	111,956	18.0%
Occupancy Rate	63.7%	77.7%	21.9%
Average Length of Stay (days)*	4.5	4.1	-9.8%
Outpatient Visits	265,837	140,634	-47.1%
Gross Patient Revenue (\$millions**)	\$302.4	\$506.4	67.4%

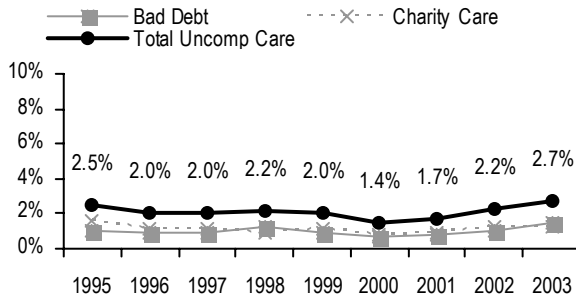
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



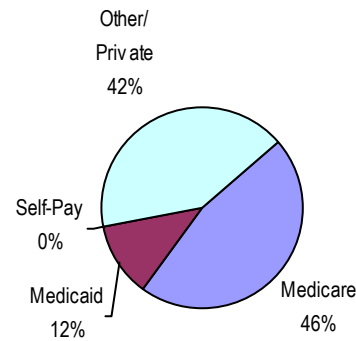
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

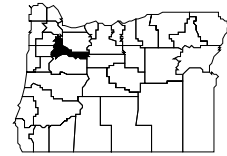
Salem Hospital

www.salemhospital.org

665 Winter St. SE, Salem, OR 97301 * (503) 561-5200

Senate District 10

House District 20



Hospital Description

- > A DRG hospital serving residents of Marion County.
- > Independent not-for-profit hospital.

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 430 - Phychoses
- 5) 371 - Cesarean section without CC
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 127 - Heart failure and shock
- 9) 462 - Rehabilitation
- 10) 500 - Back & neck procedures except spinal fusion without CC

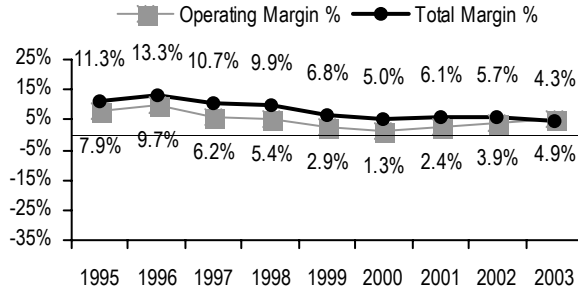
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	370	385	3.9%
Total Non-Physician Staff FTE	1,980	2,511	26.8%
Non-Physician FTE/100 Adj Admissions	6.4	7.6	17.8%
Inpatient Hospital Discharges*	19,670	20,551	4.5%
Acute Inpatient Days*	80,967	89,273	10.3%
Occupancy Rate	59.9%	63.6%	6.2%
Average Length of Stay (days)*	4.1	4.3	5.5%
Outpatient Visits	266,172	395,659	48.6%
Gross Patient Revenue (\$millions**)	\$221.6	\$383.3	72.9%

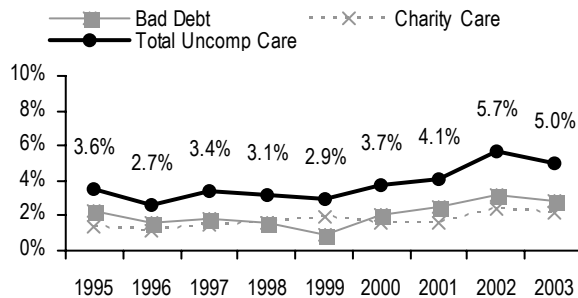
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



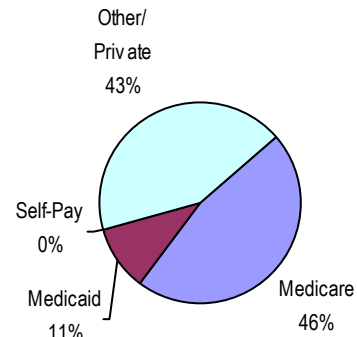
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



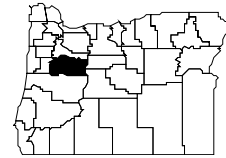
*Of total charges

Samaritan Albany General Hospital

www.samhealth.org/shs_facilities/agh/

1046 Sixth Avenue SW, Albany, OR 97321 * (541) 812-4000

Senate District 8
House District 15



Hospital Description

- > A DRG hospital serving residents of Linn County.
- > Part of Samaritan Health Systems, headquartered in Corvallis.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 373 - Vaginal delivery without complicating diagnoses
- 2) 391 - Normal newborn
- 3) 390 - Neonate with other significant problems
- 4) 143 - Chest pain
- 5) 127 - Heart failure and shock
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 371 - Cesarean section without CC
- 8) 209 - Major joint & limb reattachment procedures of lower extremity
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 138 - Cardiac arrhythmia & conduction disorder with CC

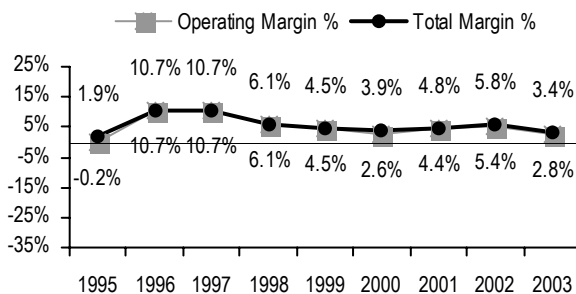
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	71	64	-9.9%
Total Non-Physician Staff FTE	329	441	33.9%
Non-Physician FTE/100 Adj Admissions	4.2	4.1	-2.8%
Inpatient Hospital Discharges*	3,957	4,163	5.2%
Acute Inpatient Days*	11,712	10,669	-8.9%
Occupancy Rate	45.2%	45.7%	1.1%
Average Length of Stay (days)*	3.0	2.6	-13.4%
Outpatient Visits	69,922	61,362	-12.2%
Gross Patient Revenue (\$millions**)	\$43.7	\$85.9	96.7%

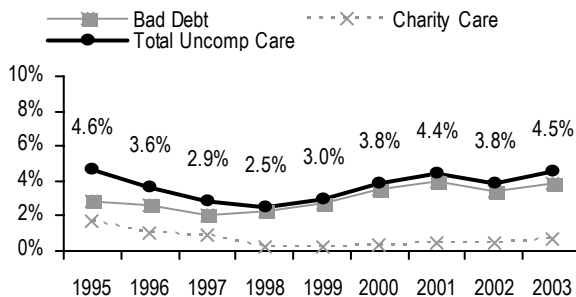
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



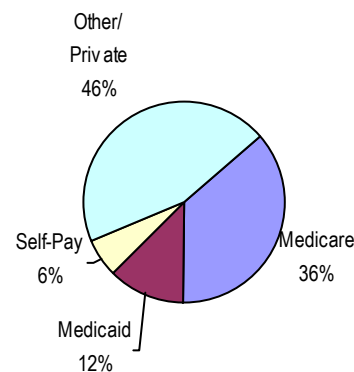
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)

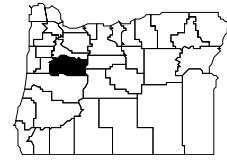


*Of total charges

Samaritan Lebanon Community Hospital

www.samhealth.org/shs_facilities/lch/
 525 N.Santiam Hwy, Lebanon, OR 97355 * (541) 258-2101

Senate District 9
 House District 17



Hospital Description

- > A rural hospital serving residents of Linn County.
- > Part of Samaritan Health Systems, headquartered in Corvallis.
- > Not-for-profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 143 - Chest pain
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 127 - Heart failure and shock
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 462 - Rehabilitation
- 8) 174 - GI hemorrhage with CC
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 10) 359 - Uterine and adnexa procedure for non-malignancy without CC

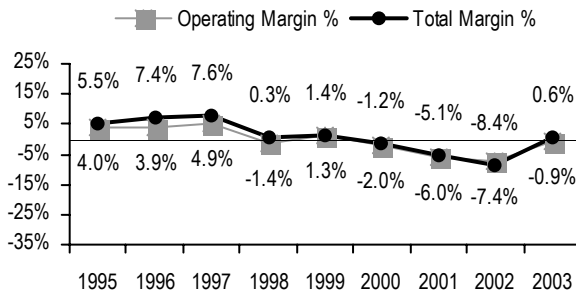
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	42	49	16.7%
Total Non-Physician Staff FTE	366	359	-1.9%
Non-Physician FTE/100 Adj Admissions	4.8	4.9	1.1%
Inpatient Hospital Discharges*	3,537	3,187	-9.9%
Acute Inpatient Days*	10,703	9,929	-7.2%
Occupancy Rate	69.8%	55.5%	-20.5%
Average Length of Stay (days)*	3.0	3.1	3.0%
Outpatient Visits	76,032	72,761	-4.3%
Gross Patient Revenue (\$millions**)	\$39.3	\$62.1	58.0%

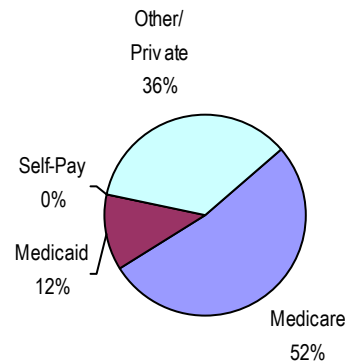
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



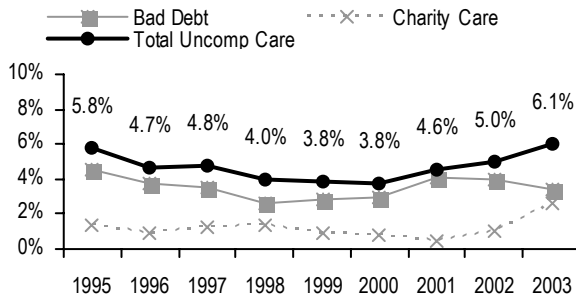
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

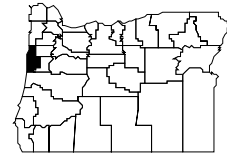


*Values displayed are for Total Uncompensated Care

Samaritan North Lincoln Hospital

www.samhealth.org/shs_facilities/snlh/
 3043 NE 28th Street, PO Box 767, Lincoln City, OR 97367 * (541) 994-3661

Senate District 5
 House District 10



Hospital Description

Hospital Type: **Type B**

- > A Critical Access Hospital
- > Supported by North Lincoln Hospital District; a not-for-profit facility
- > A rural hospital serving residents of Lincoln County.
- > Part of Samaritan Health Systems, headquartered in Corvallis.

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 127 - Heart failure and shock
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 7) 174 - GI hemorrhage with CC
- 8) 132 - Atherosclerosis with CC
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 143 - Chest pain

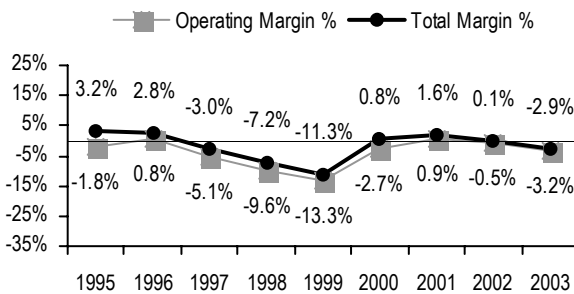
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	29	31	8.8%
Total Non-Physician Staff FTE	254	276	8.6%
Non-Physician FTE/100 Adj Admissions	7.6	5.6	-26.3%
Inpatient Hospital Discharges*	1,399	1,600	14.4%
Acute Inpatient Days*	4,604	4,232	-8.1%
Occupancy Rate	44.3%	37.4%	-15.5%
Average Length of Stay (days)*	3.3	2.6	-19.6%
Outpatient Visits	53,101	47,721	-10.1%
Gross Patient Revenue (\$millions**)	\$22.8	\$39.1	71.4%

Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and joint replacements.

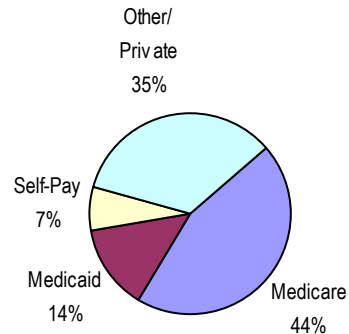
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



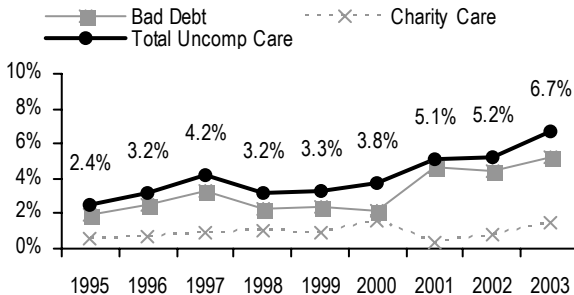
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

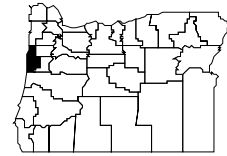


*Values displayed are for Total Uncompensated Care

Samaritan Pacific Communities Hospital

www.samhealth.org/shs_facilities/pch/
 930 SW Abbey, Newport, OR 97365 * (541) 265-2244

Senate District 5
 House District 10



Hospital Description

- > A Critical Access Hospital
- > Supported by Pacific Communities Hospital District; a not-for-profit facility
- > A rural hospital serving residents of Lincoln County.
- > Part of Samaritan Health Systems, headquartered in Corvallis.

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 373 - Vaginal delivery without complicating diagnoses
- 2) 390 - Neonate with other significant problems
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 391 - Normal newborn
- 5) 127 - Heart failure and shock
- 6) 174 - GI hemorrhage with CC
- 7) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 8) 209 - Major joint & limb reattachment procedures of lower extremity
- 9) 143 - Chest pain
- 10) 138 - Cardiac arrhythmia & conduction disorder with CC

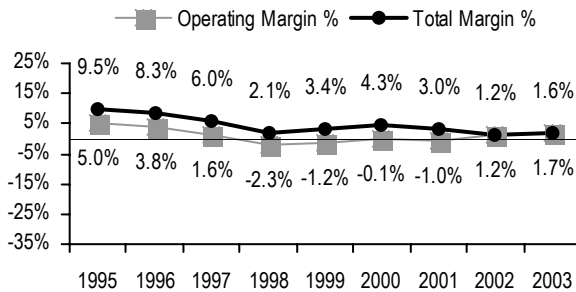
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	42	42	0.0%
Total Non-Physician Staff FTE	218	315	44.4%
Non-Physician FTE/100 Adj Admissions	5.6	5.2	-7.2%
Inpatient Hospital Discharges*	1,807	1,859	2.9%
Acute Inpatient Days*	5,542	4,764	-14.0%
Occupancy Rate	36.2%	31.1%	-14.0%
Average Length of Stay (days)*	3.1	2.6	-16.4%
Outpatient Visits	70,486	64,292	-8.8%
Gross Patient Revenue (\$millions**)	\$25.6	\$52.0	103.5%

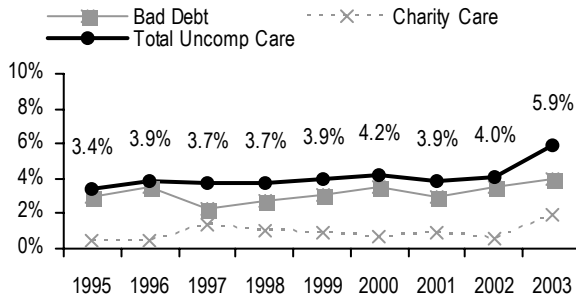
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



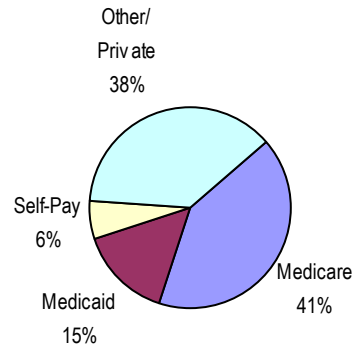
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



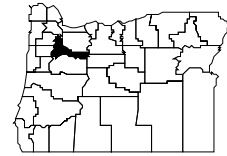
*Of total charges

Santiam Memorial Hospital

www.santiamhospital.com

1401 North Tenth Avenue, Stayton, OR 97383 * (503) 769-2175

Senate District 9
House District 17



Hospital Description

- > A rural hospital serving residents of Marion County.
- > Built in 1950, serving a community of over 30,000 people.
- > Not-for-profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 390 - Neonate with other significant problems
- 5) 371 - Cesarean section without CC
- 6) 372 - Vaginal delivery with complicating diagnoses
- 7) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, without CC
- 8) 088 - Chronic obstructive pulmonary disease
- 9) 167 - Appendectomy without complicated principle diagnosis without CC
- 10) 143 - Chest pain

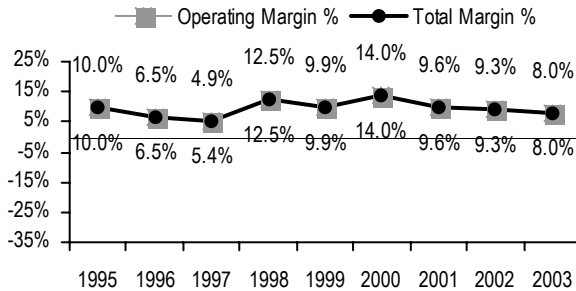
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	40	40	0.0%
Total Non-Physician Staff FTE	76	137	79.6%
Non-Physician FTE/100 Adj Admissions	3.4	3.2	-6.0%
Inpatient Hospital Discharges*	895	1,543	72.4%
Acute Inpatient Days*	2,783	4,603	65.4%
Occupancy Rate	19.1%	31.5%	65.4%
Average Length of Stay (days)*	3.1	3.0	-4.1%
Outpatient Visits	17,286	29,980	73.4%
Gross Patient Revenue (\$millions**)	\$9.0	\$22.8	153.6%

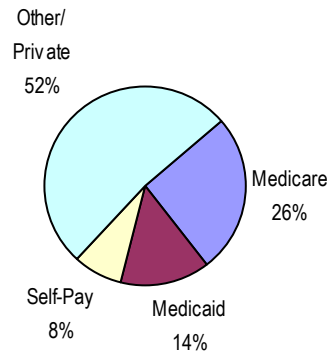
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



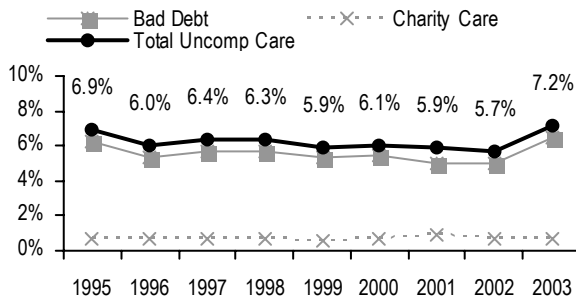
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

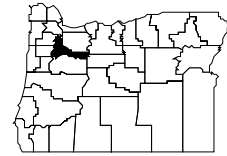
Silverton Hospital

www.silvertonhospital.org

342 Fairview St., Silverton, OR 97381 * (503) 873-1500

Senate District 9

House District 18



Hospital Description

Hospital Type: **Type B**

- > A rural hospital serving residents of Marion County.
- > First hospital in area built in 1918; current site in existence since 1937; hospital was completely remodeled in 1995 and a family birth center was added in 2002.
- > Not-for-profit facility

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 372 - Vaginal delivery with complicating diagnoses
- 5) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 6) 167 - Appendectomy without complicated principle diagnosis without CC
- 7) 127 - Heart failure and shock
- 8) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 9) 143 - Chest pain
- 10) 374 - Vaginal delivery with sterilization and/or D&C

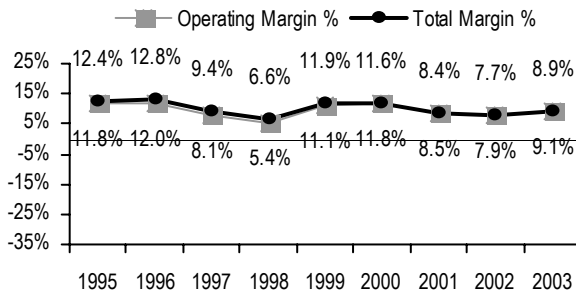
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	38	48	26.3%
Total Non-Physician Staff FTE	177	401	126.1%
Non-Physician FTE/100 Adj Admissions	3.7	3.6	-4.0%
Inpatient Hospital Discharges*	2,633	5,158	95.9%
Acute Inpatient Days*	6,600	12,413	88.1%
Occupancy Rate	47.6%	70.9%	48.9%
Average Length of Stay (days)*	2.5	2.4	-4.0%
Outpatient Visits	32,823	48,638	48.2%
Gross Patient Revenue (\$millions**)	\$19.0	\$72.6	282.8%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

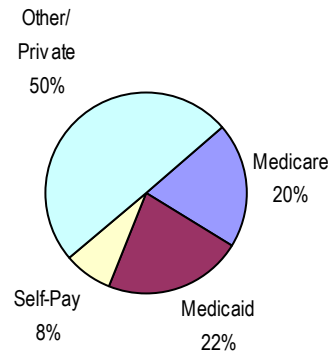
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



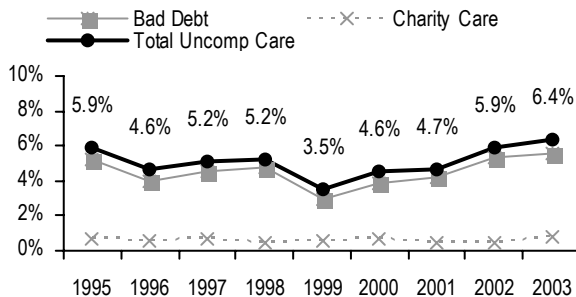
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

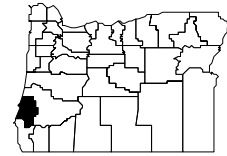
Southern Coos Hospital and Health Center

www.southerncoos.com

900 11th Street SE, Bandon, OR 97411 * (541) 347-2426

Senate District 1

House District 01



Hospital Description

Hospital Type: **Type B**

- > A Critical Access Hospital
- > Supported by South Coos General Hospital District; a not-for-profit facility
- > A rural hospital, serving residents of southern Coos and northern Curry counties, a population of about 10,000 residents.
- > The original hospital was constructed in 1960 and was replaced with newer construction in 1999.

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 090 - Simple pneumonia & pleurisy, age>17 without CC
- 3) 143 - Chest pain
- 4) 088 - Chronic obstructive pulmonary disease
- 5) 127 - Heart failure and shock
- 6) 139 - Cardiac arrhythmia & conduction disorder without CC
- 7) 122 - Circulatory disorder with AMI and major complications, discharged alive
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 9) 142 - Syncope and collapse without CC
- 10) 181 - GI obstruction without CC

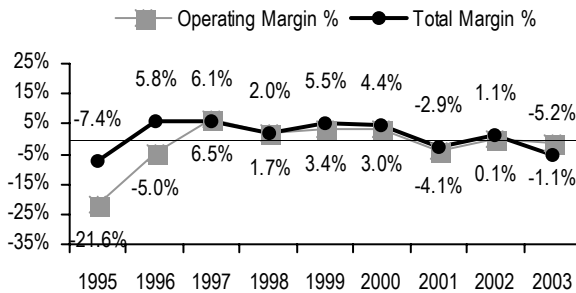
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	18	18	0.0%
Total Non-Physician Staff FTE	36	82	130.3%
Non-Physician FTE/100 Adj Admissions	5.2	6.0	15.8%
Inpatient Hospital Discharges*	102	373	265.7%
Acute Inpatient Days*	383	1,069	179.1%
Occupancy Rate	5.8%	16.3%	179.1%
Average Length of Stay (days)*	3.8	2.9	-23.7%
Outpatient Visits	6,510	13,240	103.4%
Gross Patient Revenue (\$millions**)	\$2.8	\$8.2	193.1%

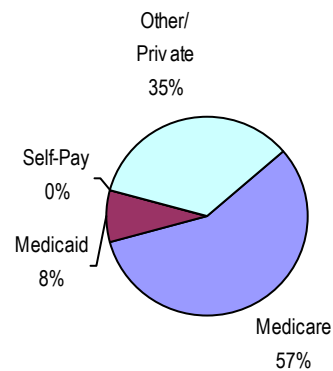
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



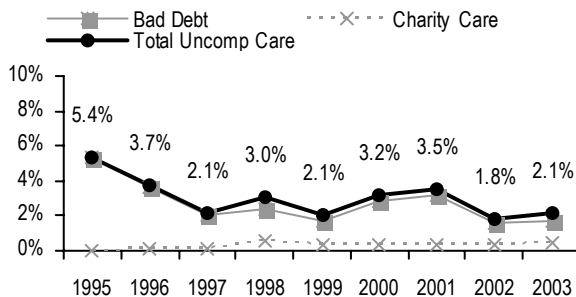
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

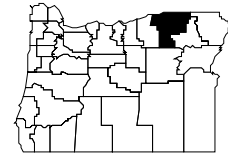
St. Anthony Hospital

www.sahpendleton.org

1601 SE Court Avenue, Pendleton, OR 97801 * (541) 276-5121

Senate District 29

House District 58



Hospital Description

- > A Critical Access Hospital
- > A rural hospital, serving residents of Umatilla and Morrow Counties.
- > Part of Catholic Health Initiatives, the second largest not-for-profit health system in the U.S. .
- > Facility in existence since 1901; original hospital demolished in 1962 with new construction at that time.

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 4) 143 - Chest pain
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 209 - Major joint & limb reattachment procedures of lower extremity
- 7) 371 - Cesarean section without CC
- 8) 174 - GI hemorrhage with CC
- 9) 296 - Nutritional and misc metabolic disorders, age>17 with CC
- 10) 372 - Vaginal delivery with complicating diagnoses

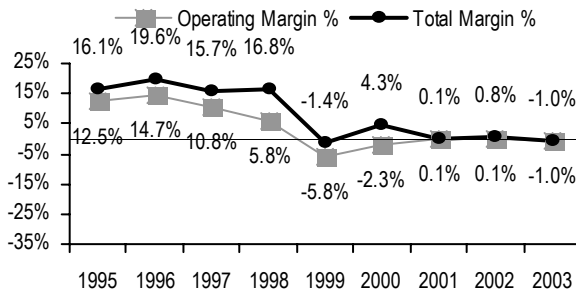
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	49	49	0.0%
Total Non-Physician Staff FTE	229	251	9.6%
Non-Physician FTE/100 Adj Admissions	5.6	5.4	-3.3%
Inpatient Hospital Discharges*	2,170	2,266	4.4%
Acute Inpatient Days*	6,515	6,651	2.1%
Occupancy Rate	36.4%	37.2%	2.1%
Average Length of Stay (days)*	3.0	2.9	-2.2%
Outpatient Visits	28,419	28,803	1.4%
Gross Patient Revenue (\$millions**)	\$31.2	\$43.5	39.6%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

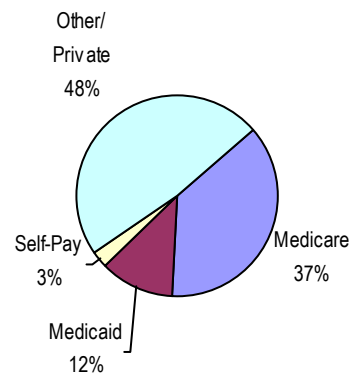
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



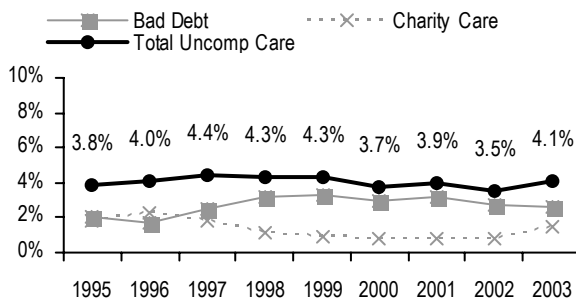
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

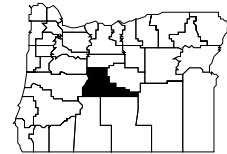
St. Charles Medical Center (Bend)

www.scmc.org

2500 NE Neff Road, Bend, OR 97701 * (541) 382-4321

Senate District 27

House District 54



Hospital Description

- > A DRG hospital, serving residents of Central Oregon.
- > Although founded by a Catholic order, it currently is under the direction of a private not-for-profit corporation with a locally selected Board of Directors.
- > Founded in 1918; the current facility opened in 1975.

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 5) 462 - Rehabilitation
- 6) 371 - Cesarean section without CC
- 7) 500 - Back & neck procedures except spinal fusion without CC
- 8) 520 - Cervical spinal fusion without CC
- 9) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 10) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC

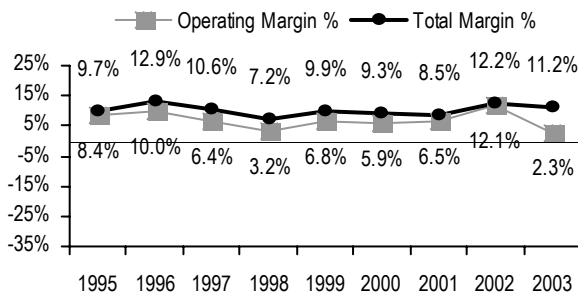
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	169	172	1.8%
Total Non-Physician Staff FTE	924	1,443	56.2%
Non-Physician FTE/100 Adj Admissions	6.4	6.6	3.2%
Inpatient Hospital Discharges*	9,976	13,811	38.4%
Acute Inpatient Days*	35,739	53,707	50.3%
Occupancy Rate	57.9%	85.5%	47.7%
Average Length of Stay (days)*	3.6	3.9	8.5%
Outpatient Visits	93,365	146,833	57.3%
Gross Patient Revenue (\$millions**)	\$121.2	\$280.4	131.3%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

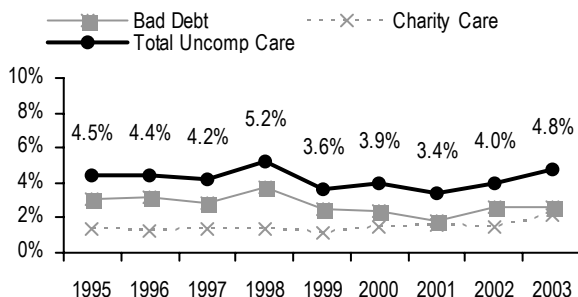
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



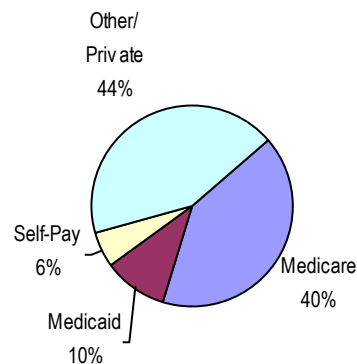
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

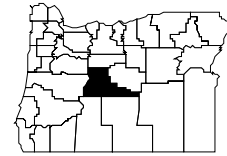
St. Charles Medical Center (Redmond)

www.scmc.org

1253 N. Canal Boulevard, Redmond, OR 97756 * (541) 548-8131

Senate District 27

House District 53



Hospital Description

Hospital Type: **Type B**

- > A rural hospital operating in Redmond, Deschutes County, Oregon.
- > Acquired by Cascade Healthcare Community (parent of St. Charles Medical Center) in 2002
- > Formerly Central Oregon Community Hospital.
- > Not-for-profit facility

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 143 - Chest pain
- 8) 127 - Heart failure and shock
- 9) 371 - Cesarean section without CC
- 10) 174 - GI hemorrhage with CC

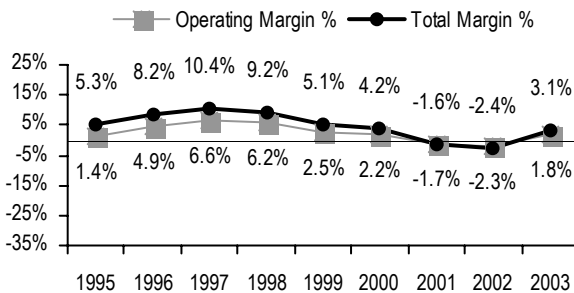
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	47	48	2.1%
Total Non-Physician Staff FTE	162	242	49.4%
Non-Physician FTE/100 Adj Admissions	4.3	4.5	5.9%
Inpatient Hospital Discharges*	1,807	2,661	47.3%
Acute Inpatient Days*	4,388	6,979	59.0%
Occupancy Rate	25.6%	39.8%	55.7%
Average Length of Stay (days)*	2.4	2.6	8.0%
Outpatient Visits	36,335	41,972	15.5%
Gross Patient Revenue (\$millions**)	\$19.7	\$38.2	93.7%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

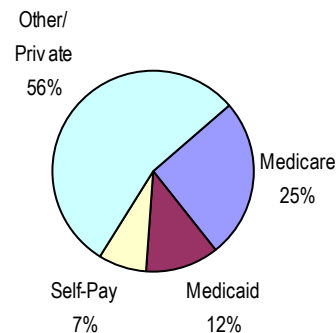
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



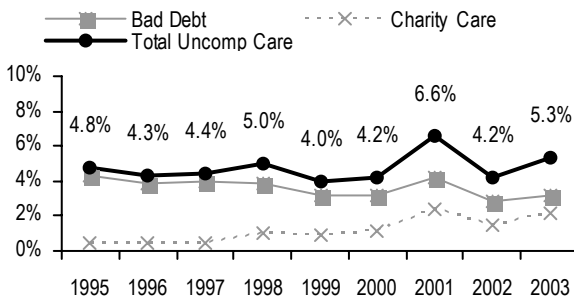
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



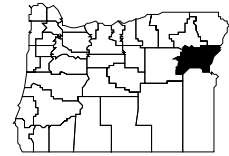
*Values displayed are for Total Uncompensated Care

St. Elizabeth Health Services

www.stelizabethhealth.com

3325 Pocahontas Road, Baker City, OR 97814 * (541) 523-8824

Senate District 30
House District 60



Hospital Description

- > A Critical Access Hospital
- > A rural not-for-profit hospital, serving residents of Baker County.
- > Part of Catholic Health Initiatives, the second largest Catholic hospital system in U.S.
- > Founded in 1897 by a Catholic order of nuns; the present building was built in 1970.

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 209 - Major joint & limb reattachment procedures of lower extremity
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 391 - Normal newborn
- 5) 127 - Heart failure and shock
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 088 - Chronic obstructive pulmonary disease
- 8) 121 - Circulatory disorder with AMI and major complications, discharged alive
- 9) 390 - Neonate with other significant problems
- 10) 204 - Disorders of pancreas except malignancy

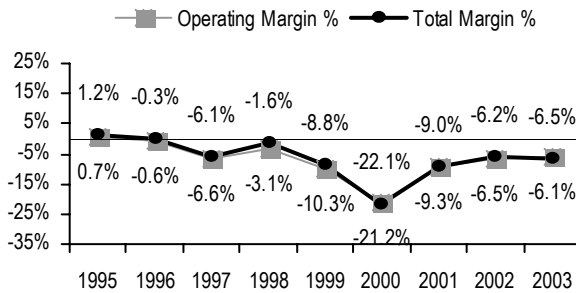
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	42	31	-27.4%
Total Non-Physician Staff FTE	145	196	35.3%
Non-Physician FTE/100 Adj Admissions	4.6	4.9	5.4%
Inpatient Hospital Discharges*	1,204	1,255	4.2%
Acute Inpatient Days*	3,944	3,959	0.4%
Occupancy Rate	25.7%	35.6%	38.2%
Average Length of Stay (days)*	3.3	3.2	-3.7%
Outpatient Visits	46,109	28,865	-37.4%
Gross Patient Revenue (\$millions**)	\$22.6	\$31.2	38.0%

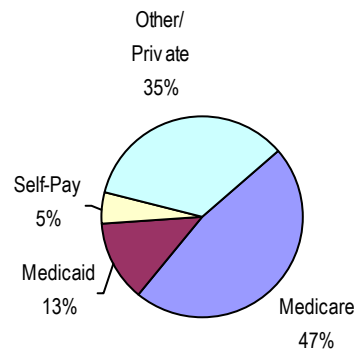
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



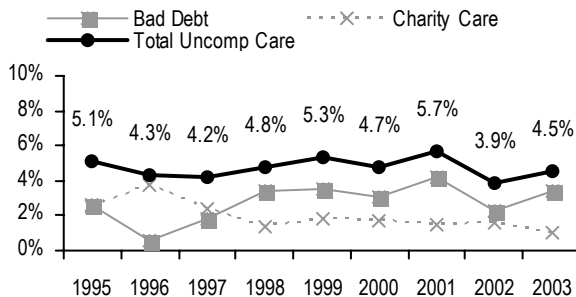
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



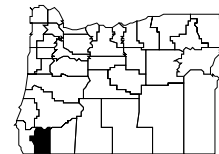
*Values displayed are for Total Uncompensated Care

Three Rivers Community Hospital and Health Center

www.asante.org

500 SW Ramsey Avenue, Grants Pass, OR 97527 * (541) 472-7000

Senate District 2
House District 03



Hospital Description

- > A rural DRG hospital, serving residents of Josephine County.
- > Part of Asante, which operates Rogue Valley Medical Center, a nursing facility and a rehabilitation center.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 143 - Chest pain
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 127 - Heart failure and shock
- 8) 174 - GI hemorrhage with CC
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 10) 359 - Uterine and adnexa procedure for non-malignancy without CC

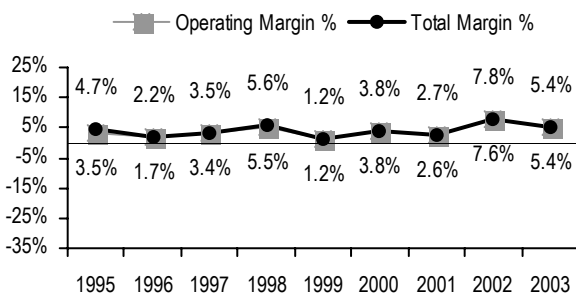
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	81	98	21.0%
Total Non-Physician Staff FTE	279	590	111.7%
Non-Physician FTE/100 Adj Admissions	1.9	3.8	107.1%
Inpatient Hospital Discharges*	3,347	8,473	153.2%
Acute Inpatient Days*	9,181	26,598	189.7%
Occupancy Rate	31.1%	74.4%	139.5%
Average Length of Stay (days)*	2.7	3.1	14.4%
Outpatient Visits	80,451	246,375	206.2%
Gross Patient Revenue (\$millions**)	\$71.9	\$145.5	102.3%

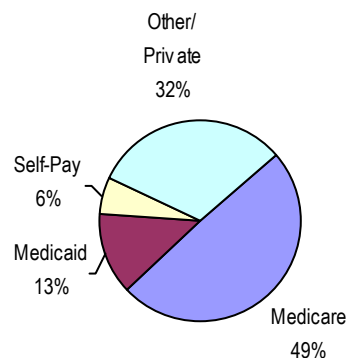
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



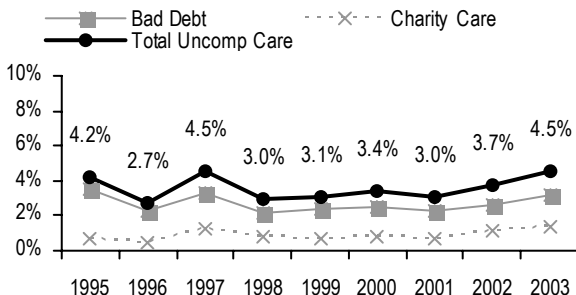
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

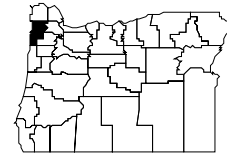
Tillamook County General Hospital

www.tcgh.com

1000 Third Street, Tillamook, OR 97141 * (503) 842-4444

Senate District 16

House District 32



Hospital Description

- > A Critical Access Hospital
- > A rural hospital serving residents of Tillamook County.
- > Part of not-for-profit religious corporation Adventist Health System
- > Originally built in 1950, it underwent complete renovation ending in 2000

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal Newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 127 - Heart failure and shock
- 8) 143 - Chest pain
- 9) 174 - GI hemorrhage with CC
- 10) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC

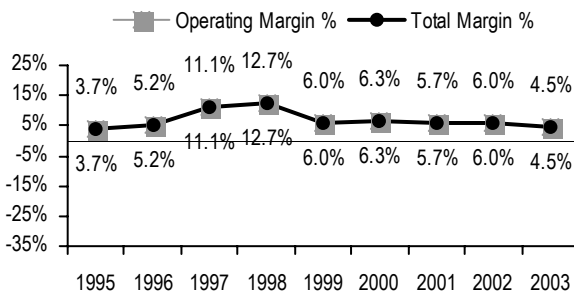
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	30	30	0.0%
Total Non-Physician Staff FTE	192	--	--
Non-Physician FTE/100 Adj Admissions	5.5	--	--
Inpatient Hospital Discharges*	1,463	1,373	-6.2%
Acute Inpatient Days*	4,415	4,216	-4.5%
Occupancy Rate	40.3%	38.5%	-4.5%
Average Length of Stay (days)*	3.0	3.1	1.8%
Outpatient Visits	35,940	36,549	1.7%
Gross Patient Revenue (\$millions**)	\$25.5	\$47.0	84.1%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

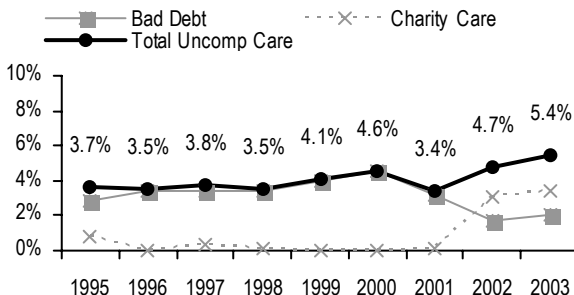
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



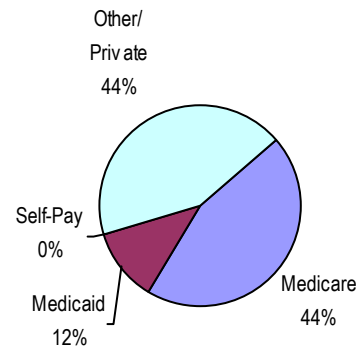
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

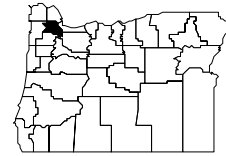
Note: Tillamook County General Hospital and OHPR are currently working on revising revenue and expense figures; operating margins may change.

Tuality Healthcare

www.tuality.com

Forest Grove Community Hospital: 1809 Maple St, Forest Grove, OR 97116 * (503) 357-2173

Tuality Community Hospital; 355 SE 8th Ave. Hillsboro, OR 97123 * (503) 681-1111 Senate District 15
House District 29



Hospital Description

- > Two DRG hospitals (Tuality Community Hospital and Forest Grove) serving the western suburbs of Portland.
- > Operating more than 85 years in Washington County.
- > Not-for-profit facility

Hospital Type: **DRG**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 371 - Cesarean section without CC
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 372 - Vaginal delivery with complicating diagnoses
- 7) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 8) 429 - Organic disturbances and mental retardation
- 9) 127 - Heart failure and shock
- 10) 012 - Degenerative nervous system disorders

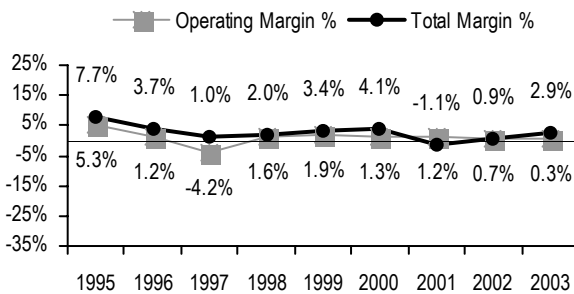
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	129	129	0.0%
Total Non-Physician Staff FTE	477	987	106.9%
Non-Physician FTE/100 Adj Admissions	3.8	5.6	45.8%
Inpatient Hospital Discharges*	6,615	8,009	21.1%
Acute Inpatient Days*	21,088	29,294	38.9%
Occupancy Rate	44.8%	62.2%	38.9%
Average Length of Stay (days)*	3.2	3.7	14.7%
Outpatient Visits	91,025	168,262	84.9%
Gross Patient Revenue (\$millions**)	\$95.4	\$214.2	124.6%

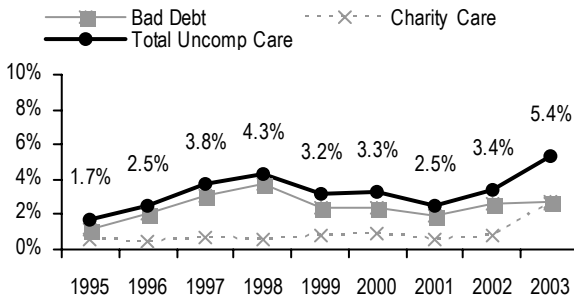
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin



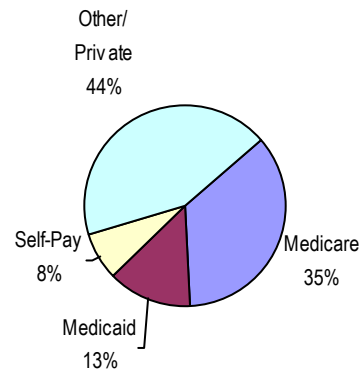
*Total margin labels are always displayed above the solid black line.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Payer Mix* (2003)



*Of total charges

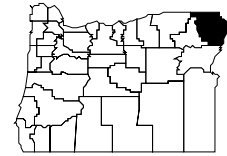
Wallowa Memorial Hospital

www.wchcd.org

401 NE 1st St. PO Box 460, Enterprise, OR 97828 * (541) 426-3111

Senate District 29

House District 57



Hospital Description

- > A Critical Access Hospital
- > Supported by Wallowa County Health Care; a not-for-profit facility
- > A rural hospital, serving residents of Wallowa County.

Hospital Type: **Type A**

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 143 - Chest pain
- 5) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 6) 127 - Heart failure and shock
- 7) 138 - Cardiac arrhythmia & conduction disorder with CC
- 8) 132 - Atherosclerosis with CC
- 9) 174 - GI hemorrhage with CC
- 10) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, without CC

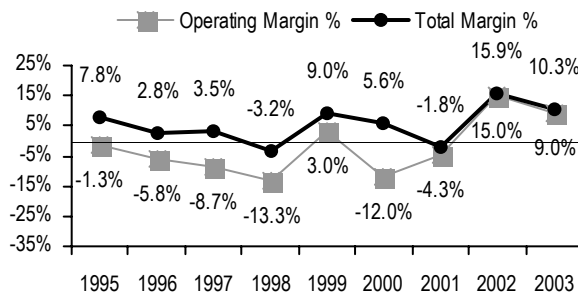
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	29	25	-13.8%
Total Non-Physician Staff FTE	90	80	-11.0%
Non-Physician FTE/100 Adj Admissions	5.8	3.4	-41.8%
Inpatient Hospital Discharges*	396	664	67.7%
Acute Inpatient Days*	1,098	1,863	69.7%
Occupancy Rate	10.4%	20.4%	96.8%
Average Length of Stay (days)*	2.8	2.8	1.2%
Outpatient Visits	12,609	10,339	-18.0%
Gross Patient Revenue (\$millions**)	\$6.8	\$10.6	55.1%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

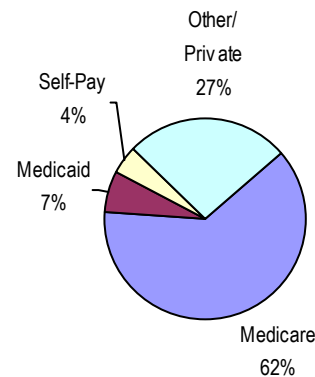
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



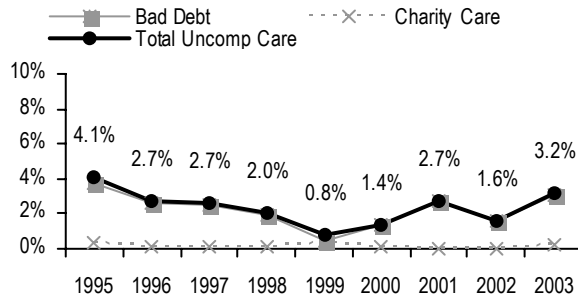
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

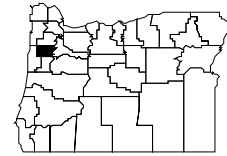
West Valley Community Hospital

www.westvalleyhospital.org

525 SE Clay St. PO Box 378, Dallas, OR 97338 * (503) 623-8301

Senate District 12

House District 23



Hospital Description

- > A Critical Access Hospital
- > A rural hospital, serving residents of Polk County.
- > Not-for-profit facility

Hospital Type: **Type B**

Top 10 DRGs by Volume (2003)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 320 - Kidney, urinary tract infection, age>17 with CC
- 3) 088 - Chronic obstructive pulmonary disease
- 4) 321 - Kidney, urinary tract infection, age>17 without CC
- 5) 127 - Heart failure and shock
- 6) 015 - Transient Ischemic Attack and precerebral occlusions
- 7) 296 - Nutritional and misc metabolic disorders, age>17 with CC
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age>17, with CC
- 9) 204 - Disorders of pancreas except malignancy
- 10) 097 - Bronchitis & asthma, age>17 without CC

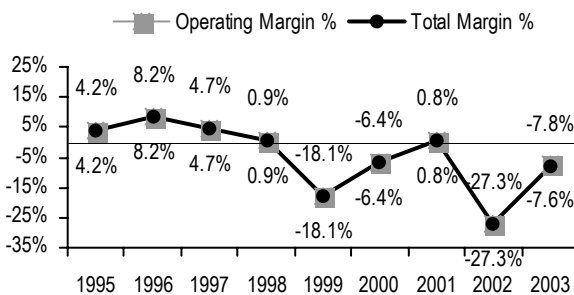
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	36	14	-60.4%
Total Non-Physician Staff FTE	145	91	-37.0%
Non-Physician FTE/100 Adj Admissions	5.1	2.7	-46.3%
Inpatient Hospital Discharges*	1,305	217	-83.4%
Acute Inpatient Days*	4,245	616	-85.5%
Occupancy Rate	32.3%	11.8%	-63.3%
Average Length of Stay (days)*	3.3	2.8	-12.7%
Outpatient Visits	24,801	46,359	86.9%
Gross Patient Revenue (\$millions**)	\$17.4	\$13.2	-24.2%

Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

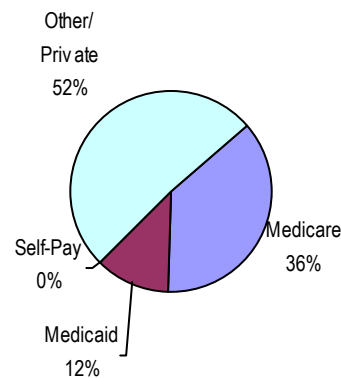
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin



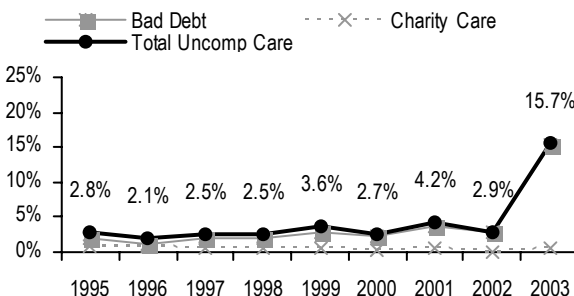
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

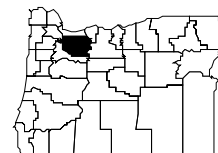
Willamette Falls Hospital

www.willamettefallshospital.org

1500 Division Street, Oregon City, OR 97045 * (503) 656-1631

Senate District 20

House District 39



Hospital Description

- > A DRG hospital, serving residents in Clackamas County.
- > First created in 1918; is the only independent hospital in the Portland region.
- > Not-for-profit facility

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 371 - Cesarean section without CC
- 7) 127 - Heart failure and shock
- 8) 088 - Chronic obstructive pulmonary disease
- 9) 143 - Chest pain
- 10) 014 - Specific cerebrovascular disorders except Transient Ischemic Attack

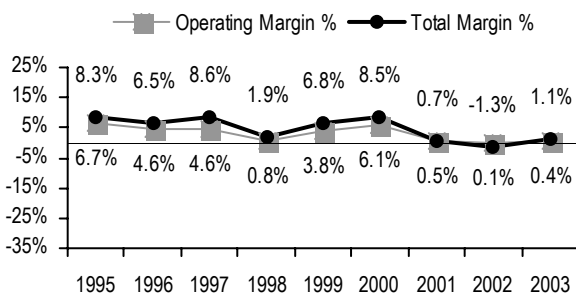
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	100	91	-9.0%
Total Non-Physician Staff FTE	448	590	31.7%
Non-Physician FTE/100 Adj Admissions	4.1	4.5	8.7%
Inpatient Hospital Discharges*	5,769	5,699	-1.2%
Acute Inpatient Days*	15,618	17,436	11.6%
Occupancy Rate	42.8%	52.5%	22.7%
Average Length of Stay (days)*	2.7	3.1	13.0%
Outpatient Visits	101,571	94,308	-7.2%
Gross Patient Revenue (\$millions**)	\$72.0	\$109.4	51.9%

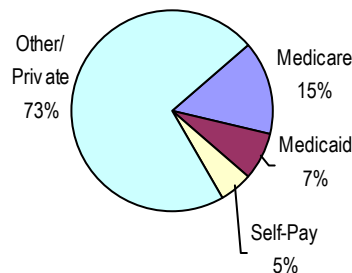
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin*



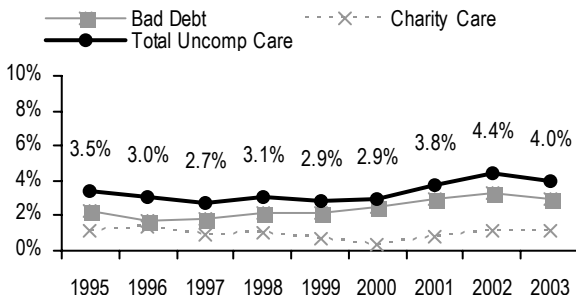
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

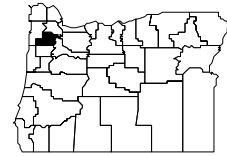
Willamette Valley Medical Center

www.wvmcweb.com

2700 SE Stratus Avenue, McMinnville, OR 97128 * (503) 472-6131

Senate District 12

House District 24



Hospital Description

- > An rural DRG hospital, serving residents in Yamhill County.
- > For-profit hospital owned by Triad.

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 127 - Heart failure and shock
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 143 - Chest pain
- 7) 124 - Circulatory disorders except AMI, with cardiac cath & complex diagnosis
- 8) 371 - Cesarean section without CC
- 9) 390 - Neonate with other significant problems
- 10) 359 - Uterine and adnexa procedure for non-malignancy without CC

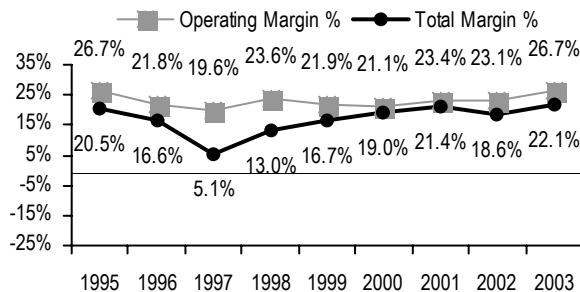
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Hospital Characteristics

	1995	2003	% Change
Staffed Beds	50	67	34.0%
Total Non-Physician Staff FTE	210	327	55.9%
Non-Physician FTE/100 Adj Admissions	3.8	3.2	-16.3%
Inpatient Hospital Discharges*	3,149	5,170	64.2%
Acute Inpatient Days*	8,227	16,424	99.6%
Occupancy Rate	45.1%	67.2%	49.0%
Average Length of Stay (days)*	2.6	3.2	21.6%
Outpatient Visits	28,807	76,663	166.1%
Gross Patient Revenue (\$millions**)	\$40.6	\$128.3	216.1%

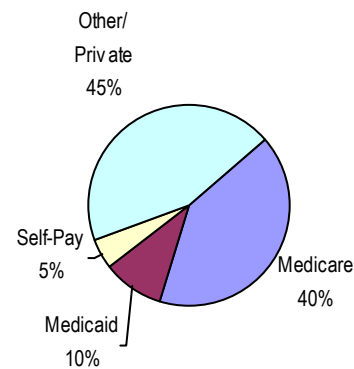
*Includes newborns **Adjusted to 2003 dollars --Not Available

Operating Margin and Total Margin



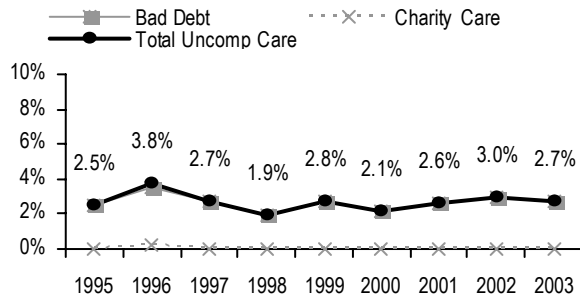
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*

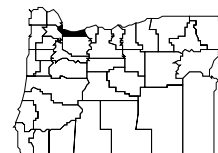


*Values displayed are for Total Uncompensated Care

Woodland Park Hospital

10300 NE Hancock, Portland, OR 97220 * (503) 257-5500

Senate District 23
House District 45



Hospital Description

- > A DRG hospital in Multnomah County.
- > For-profit hospital owned by Symphony Healthcare from Nashville, Tennessee; closed in January 2004, reopened in late 2004 as Physician's Hospital.

Hospital Type: DRG

Top 10 DRGs by Volume (2003)

- 1) 430 - Phychoses
- 2) 426 - Depressive Neuroses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 288 - OR procedures for obesity
- 5) 012 - Degenerative nervous system disorders
- 6) 429 - Organic disturbances and mental retardation
- 7) 296 - Nutritional and misc metabolic disorders, age>17 with CC
- 8) 320 - Kidney, urinary tract infection, age>17 with CC
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 127 - Heart failure and shock

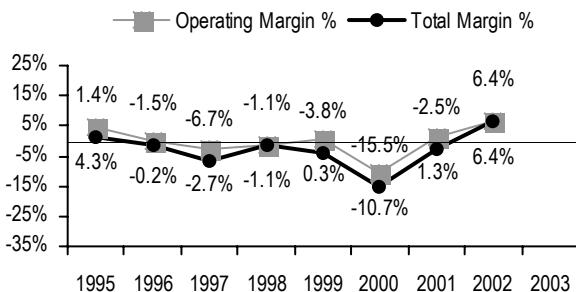
Hospital Characteristics

	1995	2003	% Change
Staffed Beds	123	101	-17.9%
Total Non-Physician Staff FTE	192	--	--
Non-Physician FTE/100 Adj Admissions	4.0	--	--
Inpatient Hospital Discharges*	2,895	1,367	-52.8%
Acute Inpatient Days*	12,448	6,844	-45.0%
Occupancy Rate	27.7%	18.6%	-33.0%
Average Length of Stay (days)*	4.3	5.0	16.4%
Outpatient Visits	25,850	14,761	-42.9%
Gross Patient Revenue (\$millions**)	\$36.3	--	--

*Includes newborns **Adjusted to 2003 dollars --Not Available

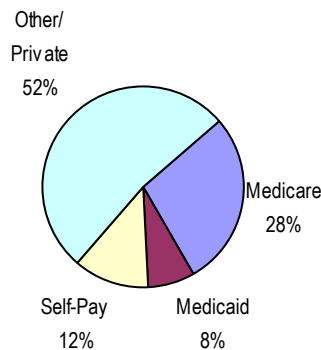
Note: CC="Complications and Comorbidities"; DRG 209 includes hip and joint replacements.

Operating Margin and Total Margin*



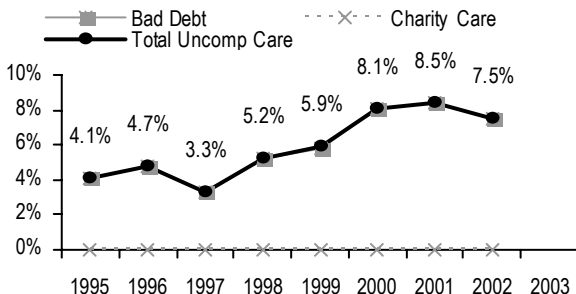
*Total margin labels are always displayed above the solid black line.

Payer Mix* (2003)



*Of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care

Note: Woodland Park Hospital CLOSED in January 2004, then reopened in late 2004; only limited data are available for 2003. Became for-profit in 1997; total margin is based on pre-tax net income.

APPENDIX II

2003 UNCOMPENSATED CARE, BY HOSPITAL

Uncompensated care is the total amount of health care services, based on full, established charges, provided to patients who are unable or unwilling to pay. Uncompensated care includes both unbilled charity care and bad debt (services billed but not paid).

Charity care consists of health care services provided to people who are determined by the hospital to be unable to pay for the cost of health care services. Hospitals will typically determine a patient's inability to pay by examining a variety of factors, such as individual and family income, assets, employment status, family size, or availability of alternative sources of payment. A hospital may establish inability to pay at the time care is provided or through later efforts to gather adequate financial information to make an eligibility determination.

Bad debt is the unpaid obligation for care provided to patients who have been determined to be able to pay, but have not done so. Services are billed, but not paid. For insured patients, certain amounts that are patient responsibility, such as deductibles and coinsurance, are counted as bad debt if not paid.

Hospital-specific uncompensated care information is provided on the following pages, both as a total and as a percent of the hospital's Gross Patient Revenue.

Uncompensated Care, By Hospital, 2003

Hospital	Gross Patient Revenue (GPR)	Charity Care	Charity Care/GPR	Bad Debts	Bad Debt/GPR	Total Uncompensated Care	Uncomp Care/GPR
Adventist Medical Center	\$334,563,000	\$5,321,000	1.6%	\$7,433,000	2.2%	\$12,754,000	3.8%
Ashland Community Hospital	\$60,726,058	\$576,716	0.9%	\$1,007,332	1.7%	\$1,584,048	2.6%
Bay Area Hospital	\$149,660,745	\$1,242,630	0.8%	\$4,078,272	2.7%	\$5,320,902	3.6%
Blue Mountain Hospital	\$9,246,362	\$22,224	0.2%	\$119,493	1.3%	\$141,717	1.5%
Columbia Memorial Hospital	\$42,062,705	\$136,324	0.3%	\$2,054,256	4.9%	\$2,190,580	5.2%
Coquille Valley Hospital	\$10,667,111	\$0	0.0%	\$555,333	5.2%	\$555,333	5.2%
Cottage Grove Community Hospital	\$9,053,575	\$125,892	1.4%	\$405,955	4.5%	\$531,847	5.9%
Curry General Hospital	\$11,709,906	\$49,292	0.4%	\$424,606	3.6%	\$473,898	4.0%
Good Samaritan Regional Medical Center (Corvallis)	\$220,946,585	\$2,459,643	1.1%	\$3,640,000	1.6%	\$6,099,643	2.8%
Good Shepherd Medical Center	\$55,767,829	\$442,557	0.8%	\$2,715,003	4.9%	\$3,157,560	5.7%
Grande Ronde Hospital	\$41,729,593	\$552,731	1.3%	\$1,041,709	2.5%	\$1,594,440	3.8%
Harney District Hospital	\$8,363,450	\$32,810	0.4%	\$358,121	4.3%	\$390,931	4.7%
Holy Rosary Medical Center	\$71,683,551	\$1,009,617	1.4%	\$4,771,587	6.7%	\$5,781,204	8.1%
Lake District Hospital	\$10,853,341	\$22,464	0.2%	\$234,154	2.2%	\$256,618	2.4%
Legacy Emanuel Hospital	\$584,898,000	\$8,196,000	1.4%	\$19,247,000	3.3%	\$27,443,000	4.7%
Legacy Good Samaritan Hospital and Medical Center	\$344,709,000	\$3,268,000	0.9%	\$5,829,000	1.7%	\$9,097,000	2.6%
Legacy Meridian Park Hospital	\$159,386,000	\$1,118,000	0.7%	\$3,540,000	2.2%	\$4,658,000	2.9%
Legacy Mt. Hood Medical Center	\$87,715,000	\$1,825,000	2.1%	\$3,877,000	4.4%	\$5,702,000	6.5%
Lower Umpqua Hospital	\$16,163,843	\$61,380	0.4%	\$334,112	2.1%	\$395,492	2.4%
McKenzie-Willamette Medical Center	\$119,838,804	\$368,733	0.3%	\$4,703,753	3.9%	\$5,072,486	4.2%
Mercy Medical Center	\$219,288,450	\$2,514,740	1.1%	\$5,892,042	2.7%	\$8,406,782	3.8%
Merle West Medical Center	\$147,368,638	\$1,495,302	1.0%	\$3,750,644	2.5%	\$5,245,946	3.6%
Mid-Columbia Medical Center	\$90,793,218	\$2,830,928	3.1%	\$1,804,083	2.0%	\$4,635,011	5.1%
Mountain View Hospital	\$16,192,221	*	*	\$992,731	6.1%	\$992,731	6.1%
OHSU Hospital	\$949,675,000	\$16,838,000	1.8%	\$18,994,000	2.0%	\$35,832,000	3.8%
Peace Harbor Hospital	\$40,822,248	\$1,404,220	3.4%	\$524,878	1.3%	\$1,929,098	4.7%
Pioneer Memorial Hospital (Heppner)	\$4,479,321	\$56,404	1.3%	\$99,055	2.2%	\$155,459	3.5%
Pioneer Memorial Hospital (Prineville)	\$20,902,458	\$215,651	1.0%	\$1,121,204	5.4%	\$1,336,855	6.4%
Providence Hood River Memorial Hospital	\$54,291,000	\$1,923,000	3.5%	\$772,000	1.4%	\$2,695,000	5.0%
Providence Medford Medical Center	\$187,784,056	\$6,493,311	3.5%	\$3,296,596	1.8%	\$9,789,907	5.2%
Providence Milwaukie Hospital	\$93,803,000	\$3,288,000	3.5%	\$2,589,000	2.8%	\$5,877,000	6.3%
Providence Newberg Hospital	\$57,667,000	\$2,214,000	3.8%	\$1,063,000	1.8%	\$3,277,000	5.7%

Uncompensated Care, By Hospital, 2003

Hospital	Gross Patient Revenue (GPR)	Charity Care	Charity Care/GPR	Bad Debts	Bad Debt/GPR	Total Uncompensated Care	Uncomp Care/GPR
Providence Portland Medical Center	\$739,334,000	\$19,363,000	2.6%	\$10,031,000	1.4%	\$29,394,000	4.0%
Providence Seaside Hospital	\$38,249,000	\$1,372,000	3.6%	\$876,000	2.3%	\$2,248,000	5.9%
Providence St. Vincent Medical Center	\$907,664,000	\$20,277,000	2.2%	\$10,421,000	1.1%	\$30,698,000	3.4%
Rogue Valley Medical Center	\$341,986,000	\$4,494,616	1.3%	\$7,717,000	2.3%	\$12,211,616	3.6%
Sacred Heart Medical Center	\$506,382,933	\$6,293,323	1.2%	\$7,573,401	1.5%	\$13,866,724	2.7%
Salem Hospital	\$383,284,249	\$8,385,034	2.2%	\$10,861,119	2.8%	\$19,246,153	5.0%
Samaritan Albany General Hospital	\$85,944,152	\$624,640	0.7%	\$3,282,973	3.8%	\$3,907,613	4.5%
Samaritan Lebanon Community Hospital	\$62,134,522	\$1,650,206	2.7%	\$2,110,441	3.4%	\$3,760,647	6.1%
Samaritan North Lincoln Hospital	\$39,061,281	\$585,992	1.5%	\$2,038,411	5.2%	\$2,624,403	6.7%
Samaritan Pacific Communities Hospital	\$52,017,661	\$989,613	1.9%	\$2,058,070	4.0%	\$3,047,683	5.9%
Santiam Memorial Hospital	\$22,807,113	\$164,770	0.7%	\$1,467,368	6.4%	\$1,632,138	7.2%
Silverton Hospital	\$72,603,784	\$604,748	0.8%	\$4,047,735	5.6%	\$4,652,483	6.4%
Southern Coos Hospital and Health Center	\$8,150,120	\$33,926	0.4%	\$141,000	1.7%	\$174,926	2.1%
St. Anthony Hospital	\$43,494,998	\$652,822	1.5%	\$1,122,000	2.6%	\$1,774,822	4.1%
St. Charles Medical Center (Bend)	\$280,384,720	\$6,006,880	2.1%	\$7,432,980	2.7%	\$13,439,860	4.8%
St. Charles Medical Center (Redmond)	\$38,234,280	\$819,120	2.1%	\$1,210,020	3.2%	\$2,029,140	5.3%
St. Elizabeth Health Services	\$31,151,968	\$324,904	1.0%	\$1,074,044	3.4%	\$1,398,948	4.5%
Three Rivers Community Hospital and Health Center	\$145,488,000	\$1,912,320	1.3%	\$4,620,000	3.2%	\$6,532,320	4.5%
Tillamook County General Hospital	\$46,952,000	\$1,593,000	3.4%	\$950,000	2.0%	\$2,543,000	5.4%
Tuality Healthcare**	\$214,226,936	\$5,592,661	2.6%	\$5,946,700	2.8%	\$11,539,361	5.4%
Wallowa Memorial Hospital	\$10,553,028	\$20,004	0.2%	\$321,271	3.0%	\$341,275	3.2%
West Valley Community Hospital	\$13,221,468	\$56,935	0.4%	\$2,023,154	15.3%	\$2,080,089	15.7%
Willamette Falls Hospital	\$109,404,220	\$1,236,014	1.1%	\$3,174,293	2.9%	\$4,410,307	4.0%
Willamette Valley Medical Center	\$128,303,876	\$7,665	0.0%	\$3,484,612	2.7%	\$3,492,277	2.7%
State Median	--	--	1.3%	--	2.7%	--	4.6%

*Charity care reported with bad debt.

**Tuality Healthcare includes Tuality Community Hospital and Forest Grove Community Hospital

APPENDIX III

2003 OPERATING MARGIN AND TOTAL MARGIN, BY HOSPITAL

Operating margin and total margin are frequently used as indicators of the financial health of a hospital. Operating margin, calculated as operating revenue minus operating cost divided by total operating revenue, measures how profitable the hospital is when looking at the performance of its direct patient care activities. Total margin also includes non-operating revenue or expenditures from other activities, including tax subsidies.

For each of the margins, the ratio will be positive if the hospital has a total or operating surplus, zero if it is at break-even and negative if it has a total or operating loss. Operating margins in the 3% to 5% range are generally considered an indication of financial “health,”¹ but should be interpreted carefully in cases where a health district contributes to total revenue. Operating margins, calculated without this income, may misrepresent the overall financial health of the hospital.

Hospital-specific operating margins and total margins are provided on the following pages.

¹ Harrison M, Montalvo C, “The Financial Health of California Hospitals: A Looming Crisis,” *Health Affairs*, 21(1), 2002, p. 17.

Operating Margin and Total Margin, By Hospital, 2003

FacilityName	Hospital Type	Operating Margin	Total Margin
Adventist Medical Center	DRG	6.4%	6.4%
Ashland Community Hospital	B	5.7%	7.1%
Bay Area Hospital	DRG	0.0%	5.2%
Blue Mountain Hospital	A	-5.8%	0.5%
Columbia Memorial Hospital	B	-1.0%	-0.5%
Coquille Valley Hospital	B	4.1%	4.1%
Cottage Grove Community Hospital	B	10.8%	10.8%
Curry General Hospital	A	-3.6%	1.8%
Good Samaritan Regional Medical Center (Corvallis)	DRG	2.9%	3.3%
Good Shepherd Medical Center	A	-1.5%	-10.4%
Grande Ronde Hospital	A	0.5%	-4.0%
Harney District Hospital	A	-8.5%	5.6%
Holy Rosary Medical Center	A	-2.9%	-2.9%
Lake District Hospital	A	3.2%	4.3%
Legacy Emanuel Hospital	DRG	2.1%	-0.3%
Legacy Good Samaritan Hospital and Medical Center	DRG	3.8%	1.6%
Legacy Meridian Park Hospital	DRG	12.0%	11.6%
Legacy Mt. Hood Medical Center	DRG	0.7%	1.3%
Lower Umpqua Hospital	B	-11.3%	2.0%
McKenzie-Willamette Medical Center	DRG	-9.3%	-8.9%
Mercy Medical Center	DRG	6.2%	6.2%
Merle West Medical Center	DRG	3.2%	5.1%
Mid-Columbia Medical Center	B	5.2%	5.4%
Mountain View Hospital	B	2.3%	5.5%
OHSU Hospital	DRG	2.0%	3.6%
Peace Harbor Hospital	B	-3.6%	-3.5%
Pioneer Memorial Hospital (Heppner)	A	-6.4%	1.1%
Pioneer Memorial Hospital (Prineville)	B	-2.0%	-1.0%
Providence Hood River Memorial Hospital	B	4.9%	5.3%
Providence Medford Medical Center	DRG	8.0%	8.5%
Providence Milwaukie Hospital	DRG	0.5%	0.8%
Providence Newberg Hospital	B	5.3%	6.1%
Providence Portland Medical Center	DRG	8.4%	9.3%
Providence Seaside Hospital	B	5.2%	5.2%
Providence St. Vincent Medical Center	DRG	7.5%	9.1%
Rogue Valley Medical Center	DRG	6.2%	6.2%
Sacred Heart Medical Center	DRG	9.6%	10.7%
Salem Hospital	DRG	4.9%	4.3%
Samaritan Albany General Hospital	DRG	2.8%	3.4%
Samaritan Lebanon Community Hospital	B	-0.9%	0.6%
Samaritan North Lincoln Hospital	B	-3.2%	-2.9%
Samaritan Pacific Communities Hospital	B	1.7%	1.6%
Santiam Memorial Hospital	B	8.0%	8.0%
Silverton Hospital	B	9.1%	8.9%
Southern Coos Hospital and Health Center	B	-1.1%	-5.2%
St. Anthony Hospital	A	-1.0%	-1.0%
St. Charles Medical Center (Bend)	DRG	2.3%	11.2%
St. Charles Medical Center (Redmond)	B	1.8%	3.1%
St. Elizabeth Health Services	A	-6.1%	-6.5%
Three Rivers Community Hospital and Health Center	DRG	5.4%	5.4%

Operating Margin and Total Margin, By Hospital, 2003

FacilityName	Hospital Type	Operating Margin	Total Margin
Tillamook County General Hospital	A	4.5%	4.5%
Tuality Healthcare*	DRG	0.3%	2.9%
Wallowa Memorial Hospital	A	9.0%	10.3%
West Valley Community Hospital	B	-7.6%	-7.8%
Willamette Falls Hospital	DRG	0.4%	1.1%
Willamette Valley Medical Center	DRG	26.7%	22.1%
State Median		2.3%	3.8%

*Tuality Healthcare includes Tuality Community Hospital and Forest Grove Community Hospital

APPENDIX IV

DATA SOURCES

This report consists of data derived from several sources: [brackets indicate the abbreviation used in the following detailed pages]

Hospital Discharge Data includes statutorily required, individual-level discharge data from the acute care hospitals in Oregon. Data are collected quarterly by CompData from each hospital and distributed by Oregon Association of Hospitals and Health Systems. [HDD]

Hospital Financial Statements, required by statute, are submitted by Oregon's hospitals to OHPR no later than 120 days from the end of each facility's fiscal year. Facilities must submit an FR-2 authenticating their statements if they provide reports that have not been audited and an FR-3 if they do not detail gross patient revenues and deductions to revenues. [Financials]

Hospital Annual Surveys are fielded and analyzed by OHPR and completed by hospital staff for all acute care hospital facilities, focusing on utilization, financial and workforce capabilities. [Hospital Survey]

Databank data are obtained from utilization and financial information from Oregon's acute care hospitals. Each hospital downloads financial and utilization information on a monthly basis to Oregon Association of Hospitals and Health Systems. This information is not audited and is predominantly comprised of estimates from each hospital facility.

The following table provides detailed information about the data sources, time intervals, calculations, and special notes regarding the data presented in the body of this report.

Table/Figure	Data Element	Source	Time Interval	Calculations	Notes
-NA-	Hospital Type	State Licensure Office	-NA-		
TABLE 1.01	DRG Hospitals	-NA-	CY 2004		
TABLE 1.02	Critical Access Hospitals	Oregon Office of Rural Health	CY 2004		
TABLE 1.03	Type A Hospitals	Oregon Office of Rural Health	CY 2004		
TABLE 1.04	Type B Hospitals	Oregon Office of Rural Health	CY 2004		
TABLE 1.05	Type C Hospitals	Oregon Office of Rural Health	CY 2004		
TABLE 1.06-	State Population	PSU Population Research Center	CY	None	Statewide only
TABLE 1.08	Number of Hospitals	State Licensure Office	CY	None	
	Staffed Beds	Databank (available beds)	CY	Hospital-specific averaged monthly values over calendar year, summed statewide or by hospital type	Technically, available beds are defined more broadly than staffed beds, but based on discussions with hospital staff who report data into Databank, staffed beds are reported into this available beds field.
	Total non-physician FTE	Hospital survey	CY	Hospital specific sum of FTE for nurses, therapists, technicians, aids and orderlies, pharmacists, dieticians, social workers, administrative/office staff, other staff, summed statewide or by hospital type	
	Non-Physician FTE per 100 adjusted admissions	Hospital survey (FTE); HDD (Admissions, Inpatient Revenue); Financials (GPR)	CY	$100 * (\text{Total non-physician staff}) / (\text{Total adjusted admissions})$	Aggregated statewide or by hospital type.
	Inpatient hospital discharges	HDD	CY	Count of valid discharges in calendar year for entire state or hospital type	Includes newborns
	Acute inpatient days	HDD	CY	Sum of LOS for calendar year for entire state or hospital type	Includes newborns
	Adjusted Admissions	HDD (Admissions, Inpatient Revenue); Financials (GPR)	CY	$(\text{Total number of hospital admissions}) * (\text{Total Gross Patient Revenue}) / (\text{Total Inpatient Charges})$	Aggregated by state or hospital type. Includes newborns.
	Occupancy Rate	HDD (LOS), Databank (beds)	CY	$(\text{sum of LOS} / 365) / (\text{average number of hospital beds})$	Aggregated by state or hospital type. Includes newborns.
	Average Length of stay (LOS)	HDD	CY	Average of LOS for calendar year for entire state or hospital type.	Includes newborns
	Outpatient Visits	Databank	CY	Summed monthly values over calendar year for hospital-specific annual totals, summed annual totals statewide or by hospital type.	

Table/Figure	Data Element	Source	Time Interval	Calculations	Notes
	Gross Patient Revenue	Financials	FY	Hospital-specific values summed statewide or by hospital type.	
	Total Operating Revenues	Financials	FY	Hospital-specific values summed statewide or by hospital type.	
	Total Operating Expenses	Financials	FY	Hospital-specific values summed statewide or by hospital type.	
FIGURE 1.01	Oregon Trends	See above, Tables 1.06-1.08	CY		
	National Trends	American hospital association annual survey (1995 and 2002)			
TABLE 1.09	Hospital Systems	Financials	-NA-		
					Technically, available beds are defined more broadly than staffed beds, but based on discussions with hospital staff who report data into Databank, staffed beds are reported into this available beds field.
FIGURE 2.01	Bed Capacity	Databank (available beds)	CY	Sum of available beds statewide or within hospital type	
TABLE 2.01-					
TABLE 2.02	Licensed Beds	Databank (licensed beds)	CY	Sum of licensed beds statewide or within hospital type	
	Staffed Beds	Databank (available beds)	CY	Sum of available beds statewide or within hospital type	See above comment under Figure 2.06
	% change, staffed beds	Databank	CY	$(2003 \text{ beds} - 1995 \text{ beds}) / (1995 \text{ beds})$ $(\text{Sum of hospital total LOS}/365) / (\text{average number of total hospital beds})$	
FIGURE 2.02	Occupancy	HDD (LOS), Databank (beds)	CY		
TABLE 2.03-					Table presents hospital-specific data, so no aggregation necessary.
TABLE 2.04	Occupancy	HDD (LOS), Databank (beds)	CY	$(\text{Sum of LOS}/365) / (\text{average number of hospital beds})$	
	Workforce FTE				
FIGURE 3.01	Composition	Hospital Survey	CY	$(\text{total FTE within each workforce category}) / (\text{total FTE})$	
FIGURE 3.02-					Integration of 1995 data required some collapsing of workforce categories due to inconsistent categorization, so it is possible that these changes are at least partially responsible for changes observed from 1995 to 2003.
FIGURE 3.05	Workforce FTE Changes	Hospital Survey	CY	$100 * (2003 \text{ FTE} - 1995 \text{ FTE}) / (1995 \text{ FTE})$	
TABLE 4.01	Top 10 DRGs By Volume	HDD	CY	Ranked by DRG counts	
	Average Length of stay			Average of LOS for calendar year within each hospital subtype	
FIGURE 4.01	(LOS)	HDD	CY		

Table/Figure	Data Element	Source	Time Interval	Calculations	Notes
TABLE 4.02- TABLE 4.03	Average Length of stay (LOS)	HDD	CY	Average of LOS for calendar year within hospital	Table presents hospital-specific data, so no aggregation necessary.
	Percent change, ALOS	HDD	CY	$(2003 \text{ ALOS} - 1995 \text{ ALOS}) / (1995 \text{ ALOS})$	
TABLE 4.04	Place of Patient Discharge	HDD	CY	$100 * (\text{count within each type of discharge}) / (\text{total discharges})$	Grouped place of discharge as specified for AHRQ IQI computations. Aggregated by state or hospital type
FIGURE 5.01- FIGURE 5.04	Operating Margin	Financials	FY	$(\text{Net Patient Revenue} + \text{Other Operating Revenue} - \text{Operating Expenses}) / (\text{Net Patient Revenue} + \text{Other Operating Revenue})$. Computed median statewide or by hospital type	
	Total Margin	Financials	FY	$(\text{Net Patient Revenue} + \text{Other Operating Revenue} - \text{Operating Expenses} + \text{Net Non-Operating Revenue}) / (\text{Net Patient Revenue} + \text{Other Operating Revenue} + \text{Net Non-Operating Revenue})$. Computed median statewide or by hospital type	
FIGURE 5.05	Payer Mix	Databank	CY	$100 * (\text{total charges for each payer category}) / (\text{total charges})$	Aggregated by state or hospital type.
TABLE 5.01	Gross Patient Revenue	Financials	FY	Adjusted for inflation to 2003 dollars using the Consumer Price Index (CPI), then summed statewide	
	Charity Care - amount	Financials	FY	Adjusted for inflation to 2003 dollars using the Consumer Price Index (CPI), then summed statewide	
	Bad Debt - amount	Financials	FY	Adjusted for inflation to 2003 dollars using the Consumer Price Index (CPI), then summed statewide	
	Uncompensated Care - amount	Financials	FY	Total Uncompensated Care = Charity Care + Bad Debt; Adjusted for inflation to 2003 dollars using the Consumer Price Index (CPI), then summed statewide	
FIGURE 5.06- FIGURE 5.09	Charity Care - %	Audited Financials	FY	Calculated charity care as percent of Gross Patient Revenue for each hospital and year; computed median ratio statewide or by hospital type.	
	Bad Debt - %	Audited Financials	FY	Calculated bad debt as percent of Gross Patient Revenue for each hospital and year; computed median ratio statewide or by hospital type.	

APPENDIX V

GLOSSARY

ADJUSTED ADMISSIONS: Adjusted admissions is a measure of all patient care activity in a hospital, including both inpatient and outpatient care. Adjusted admissions expresses the volume of outpatient admissions that could have been produced with the same amount of resources as for the sum of inpatient visits, which is then added to the inpatient visit number. This estimate is calculated by multiplying outpatient visits by the ratio of total gross patient revenue to total inpatient charges.

AVERAGE LENGTH OF STAY: The average number of days that inpatients stay in the hospital during the course of the year. It is calculated by dividing the number of patient days by the number of inpatients.

BAD DEBT: Bad debt is the unpaid obligation for care provided to patients who have been determined to be able to pay, but have not done so. Services are billed, but not paid. For insured patients, certain amounts that are patient responsibility, such as deductibles and coinsurance, are counted as bad debt if not paid.

CHARITY CARE: Charity care consists of health care services provided to people who are determined by the hospital to be unable to pay for the cost of health care services. Hospitals will typically determine a patient's inability to pay by examining a variety of factors, such as individual and family income, assets, employment status, family size, or availability of alternative sources of payment. A hospital may establish inability to pay at the time care is provided or through later efforts to gather adequate financial information to make an eligibility determination.

DRGs: Diagnosis-Related Groups (DRGs) classify hospital inpatient stays into groups similar in both clinical profile and resource intensity; in other words, a particular DRG generally captures individuals with similar conditions and procedures that are expected to, on average, cost a similar amount to treat. They provide the basis for payment to hospitals for care of Medicare, Medicaid, and an increasing number of commercially insured patients. The federal government adopted DRGs more than a decade ago to curb rising hospital costs associated with reasonable cost and line-item reimbursement methods. Through DRGs, hospitals are reimbursed a flat rate based on a patient's diagnosis and treatment.

FTE: A Full Time Equivalent (FTE) represents the proportion of full time work: one full-time worker accounts for 1.0 FTE, while a half-time worker accounts for 0.5 FTE.

GROSS PATIENT REVENUE: The total charges at the facility's full-established rates for the provision of patient care before deductions from revenue are applied.

INPATIENT DAYS: The number of days of acute care provided by the hospital in a year, excluding newborns. A 'day' of care is defined as one patient being cared for in the hospital for one day.

LICENSED BEDS: Licensed beds are the maximum number of beds for which a hospital is licensed to operate in Oregon. Most hospitals do not operate all of the beds for which they are licensed. The number of licensed beds does not include licensed long-term care beds, but does include swing beds.

OCCUPANCY RATE: In this report, the occupancy rate is based on the number of staffed hospital beds, although an occupancy rate can also be calculated using the number of licensed beds. The rate is calculated by dividing the hospital's average daily census in a given year (total inpatient days/365) by its staffed bed capacity.

OPERATING MARGIN: Operating margin is a critical ratio (operating revenue minus operating expense divided by total operating revenue) that measures how profitable the hospital is when looking at the performance of its direct patient care activities. A negative operating margin is usually an early sign of financial difficulty.

OUTPATIENT VISITS: Visits to the hospital by patients who are not lodged in the hospital while receiving medical, dental or other services. An outpatient visit can range from a minor procedure such as a lab test or a major procedure such as outpatient surgery. Historically, there has been variation in what comprises a single visit: a clinic visit and a lab test can be counted as a single visit or as two visits. However, a cohesive set of outpatient procedures is more often reported as one visits.

PAYER MIX: Payer mix represents the proportion of revenue paid by each type of payer, calculated as a percent of total charges.

STAFFED BEDS: Staffed beds are beds that are licensed, set-up and for which there is staff on hand to attend to the patient who occupies the bed. The number of staffed beds cannot legally exceed the number of licensed beds in a hospital.

TOTAL DEDUCTIONS FROM REVENUE: Deductions include adjustments for Medicare, Medicaid and other insurers. This amount represents the difference between billed charges and contracted rates, charity care, and other deductions.

TOTAL MARGIN: A measure of profitability, total margin is the difference between total revenue and expenses as a proportion of total revenue. "Non-operating income" is included in revenue for the total margin: revenue from contributions, public appropriation and other government transfers, investments, and income from subsidiaries or affiliates.

SWING BEDS: Medicare certifies swing beds in hospitals for use in either acute or long-term care. Swing beds are more common in small, rural hospitals to allow flexibility in the type of care a hospital can provide to patients.

UNCOMPENSATED CARE: Uncompensated care is the total amount of health care services, based on full, established charges, provided to patients who are unable or unwilling to pay. Uncompensated care includes both unbilled charity care and bad debt (services billed but not paid).