
**Office for Oregon Health
Policy and Research**



Oregon's Acute Care Hospitals

*Capacity, Utilization and Financial Trends
2003 to 2005*

January 2007

Oregon's Acute Care Hospitals

Capacity, Utilization and Financial Trends 2003 to 2005

January 2007

Prepared by:

The Office for Health Policy and Research
<http://www.oregon.gov/DAS/OHPR/>

Jeanene Smith, MD MPH
Administrator

Tina Edlund, MS
Deputy Administrator

Nathan Hierlmaier
Research Analyst

Hanen Day
Research Analyst

James Oliver
Research Analyst

Tami Breitenstein
Research Assistant

Table of Contents

	Page
Foreword	
Executive Summary	
Chapter 1: Introduction	1
Hospital Reimbursement Classifications.....	3
Trends	7
Hospital Ownership	11
Chapter 2: Hospital Capacity	12
Bed Capacity	12
Occupancy.....	16
Chapter 3: Workforce	19
Registered Nurses	19
Physicians.....	22
Chapter 4: Utilization of Hospital Services	25
Most Common Diagnosis-Related Groups (DRG).....	25
Average Length of Stay	26
Place of Discharge	29
Chapter 5: Hospital Finances and Revenues	30
Profitability	30
The Role of Health Districts.....	30
Financial Indices.....	30
Operating Margin and Total Margin	31
Payer Mix	33
Uncompensated Care	34
Appendix I: Individual Hospital Overviews	
Appendix II: 2005 Uncompensated Care, by Hospital	
Appendix III: 2005 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, 2005	3
Table 1.02 Oregon’s Critical Access Hospitals (CAH), 2005	5
Table 1.03 Oregon’s Type A Rural Hospitals	6
Table 1.04 Oregon’s Type B Rural Hospitals.....	6
Table 1.05 Oregon’s Type C Rural Hospitals	6
Table 1.06 Summary of Trends: Oregon Acute Care Hospitals, 2003 & 2005	7
Table 1.07 Summary of Trends: Oregon DRG Acute Care Hospitals, 2003 & 2005....	8
Table 1.08 Summary of Trends: Oregon Rural Acute Care Hospitals, 2003 & 2005...9	
Table 1.09 Hospital Systems in Oregon, 2005	11
Table 2.01 Bed Capacity in Oregon DRG Hospitals, 2003 and 2005	14
Table 2.02 Bed Capacity in Oregon Rural Hospitals, 2003 and 2005	15
Table 2.03 Occupancy in Oregon DRG Hospitals, 2003 and 2005.....	17
Table 2.04 Occupancy in Oregon Rural Hospitals, 2003 and 2005.....	18
Table 3.01 Total FTE and Registered Nurse FTE/100 Adjusted Admissions at DRG Hospitals, 2003 and 2005.....	20
Table 3.02 Total FTE and Registered Nurse FTE/100 Adjusted Admissions at Rural Hospitals, 2003 and 2005.....	21
Table 3.01 Physician FTE/100 Adjusted Admissions at DRG Hospitals, 2003 and 2005.....	23
Table 3.02 Physician FTE/100 Adjusted Admissions at Rural Hospitals, 2003 and 2005.....	24
Table 4.01 Top Ten Diagnosis-Related Groups (Ranks by Volume), in Oregon Acute Care Hospitals, 2005.....	25
Table 4.02 Average Length of Stay in Oregon DRG Hospitals, 2003 & 2005.....	26
Table 4.03 Average Length of Stay in Oregon Rural Hospitals, 2003 & 2005.....	27
Table 4.04 Place of Patient Discharge (% of Total Discharges) from Oregon Acute Care Hospitals by Type (2005).....	29
Table 5.01 Uncompensated Care in Oregon Acute Care Hospitals, 2003-2005.....	36

<u>Figures</u>	Page
Figure 1.01 National and State Hospital Trends. Percent Change, 2003 to 2002.....	10
Figure 2.01 Bed Capacity in Oregon Acute Care Hospitals, 2003 & 2005	12
Figure 2.02 Occupancy in Oregon Acute Care Hospitals, 2003 & 2005	15
Figure 3.01 Registered Nurse Workforce FTE per 100 Adjusted Admissions in Oregon Acute Care Hospitals, 2005.....	19
Figure 3.02 Physician Workforce FTE per 100 Adjusted Admissions in Oregon Acute Care Hospitals, 2005.....	22
Figure 4.01 Average Length of Stay in Oregon Acute Care Hospitals, 2003 & 2005.....	26
Figure 5.01 Median Operating Margins (OM) and Total Margin (TM), Oregon Acute Care Hospitals, 2003-2005.....	31
Figure 5.02 Median Operating Margins (OM) and Total Margin (TM), Oregon DRG Hospitals, 2003-2005.....	32
Figure 5.03 Median Operating Margins (OM) and Total Margin (TM), Oregon Type A Hospitals, 2003-2005	33
Figure 5.04 Median Operating Margins (OM) and Total Margin (TM), Oregon Type B Hospitals, 2003-2005	33
Figure 5.05 Payer Mix in Oregon Acute Care Hospitals, 2005.....	34
Figure 5.06 Uncompensated Care as Percent of Gross Patient Revenue (Median) Oregon Acute Care Hospitals, 2003-2005	36
Figure 5.07 Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon DRG Hospitals, 2003-2005	37
Figure 5.08 Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type A Hospitals, 2003-2005	38
Figure 5.09 Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type B Hospitals, 2003-2005.....	38

Foreword

This is the sixth 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 2003 with information from 2005, 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) 373-1779

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 sixth report prepared by the Office for Oregon Health Policy and Research (OHPR). This report compares capacity, utilization and financial data from 2003 with information from 2005, the most current data available.

Between 2003 and 2005, Oregon hospitals underwent a variety of changes. The most noteworthy are summarized below.

- At the end of 2003, there were 59 acute care hospitals in Oregon.¹ At the end of 2005, there were 57. The two hospitals (Woodland Park and Eastmoreland Hospitals, both in Portland) closed in January 2004.²
- While hospital bed capacity decreased by 2.8%, occupancy increased from 64% to 66% between 2003 and 2005.
- Utilization in Oregon hospitals during this time was somewhat mixed. Overall inpatient discharges decreased by 2.7%; however, emergency department visits increased 6.3% exceeding the national trends by 3%.
- The average length of stay (ALOS) in hospitals remained fairly even, increasing slightly from 3.9 to 4.0 days, less than the national average of 5.1 days.
- Uncompensated care increased by 75% in constant dollar terms from 2003 to 2005, and gross patient revenue increased by 25.4%. Median uncompensated care as a percentage of gross patient revenue increased from 4.1% to 6.1% from 2003 to 2005.
- Oregon's hospitals are experiencing increasing operating margins, which reflect hospital financial performance based on its primary activity – direct patient care. The statewide median operating margin was 2.3% in 2003 increasing to 3.1% in 2005.
 - DRG hospitals show the strongest operating margins throughout the 2003 to 2005 time period, with a median value of 3.5% in 2003 to 5.0% in 2005).
 - Type A rural hospitals experienced negative median operating margins, with a median value of -2.2% in 2003 and -1.1% in 2005.

¹ This does not include the Portland or Roseburg VA Medical Centers. Federal facilities are not required to report to the Office for Oregon Health Policy and Research.

² Woodland Park Hospital reopened in late 2004 as Physician's Hospital which operated for one year, closing again in 2005.

- Type B rural hospitals also declined but remained positive during the time period, showing a median operating margin of 1.6% in 2005, down from 2.1% in 2003.
- Median total margin, which reflects hospital financial performance based on its overall activities, also increased from 3.8% to 5.1% between 2003 and 2005 for Oregon hospitals overall.
 - DRG hospitals experienced the strongest median total margin as well – 5.2% in 2003 and 6.1 in 2005.
 - Type A rural hospitals had an increase in median total margin of 0.8% in 2003 to 2.3% in 2005.
 - Type B rural hospitals showed a decrease in median total margin of 3.6% in 2003 and 2.6% in 2005.
- Registered nurse (RN) staffing in hospitals increased by 22% overall between 2003 and 2005, outpacing the increase in admissions during the same time period. The RN staff FTE per 100 adjusted admissions increased by 17% between 2003 and 2005.
 - DRG hospitals increased RN FTE per 100 adjusted admissions by 8.4% from 2003 to 2005.
 - Type A rural hospitals increased RN FTE per 100 adjusted admissions by 12% from 2003 to 2005.
 - Type B rural hospitals increased RN FTE per 100 adjusted admissions by 19.3% from 2003 to 2005.
- In 2005, 61% of Oregon's hospitals are part of a hospital system and 81% of all discharges are from hospitals in a system. The two largest hospital systems, Providence and Legacy, accounted for more than one-third of all discharges (34%) from Oregon hospitals in 2005.

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 one third (33%) of the \$1.7 trillion in national health care expenditures in 2004.¹ In 2005, Oregon’s 57 acute care hospitals employed more than 51,000 people (not including physicians), accounted for more than 367,000 inpatient discharges and over 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 2003 to 2005, the most current data available. During this period, the Deficit Reduction Act of 2005, which includes Medicare provisions affecting hospitals, was passed and signed into law. Some of those provisions are:

- Expansion of quality measures that hospitals must report to get a full inpatient prospective payment system (PPS) payment update. For hospitals not reporting data, the reduction to their payment update will increase from 0.4% to 2.0%.
- Restrictions on new Specialty Hospitals until the Centers for Medicare and Medicaid Services (CMS) develops a plan to address concerns about physician investment in this type of hospital. Physicians’ Hospital, which was open for 12 months from late 2004 to late 2005, was the only Oregon facility designated as a Specialty Hospital.
- Extension of the Medicare Dependent Hospital (MDH) program for five years. Medicare Dependent Hospitals have fewer than 100 beds, do not serve as a Sole Community Hospital, and Medicare patients accounted for at least 60 percent of inpatient days or discharges. They also can be paid higher rates based on their own previous costs.

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 1960-2004. Available at <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf> [August 18, 2006].

- Chapter 5 discusses *financial* trends in Oregon hospitals since 2003, 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 the diagnosis-related group (DRG) in which the patient's diagnosis falls. 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-five of Oregon's 57 hospitals are classified as DRG hospitals for Medicare reimbursement in 2005:

Table 1.01
Oregon's DRG Hospitals, 2005

Bay Area Hospital in Coos Bay	Providence Medford Medical Center
Providence Portland Medical Center	Providence Milwaukie Hospital
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	Samaritan Albany General Hospital
Legacy Mt. Hood Medical Center in Gresham	St. Charles Medical Center in Bend
McKenzie-Willamette Hospital in Springfield	Three Rivers Community Hospital in Grants Pass
Merle West Medical Center in Klamath Falls	Tuality Healthcare
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	

* 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.

Critical Access Hospitals. According to the Oregon Office of Rural Health, approximately 81% of Oregon's population lives in non-urban counties. Twenty-six percent lives in counties designated as either rural or frontier, and 55% in counties with a mix of urban and rural areas.²

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 requirements³:

- Be a for-profit, non-profit, or public hospital that is open and operating. Hospitals that have either closed or downsized to health centers or clinics in the past 10 years (from November 29, 1999) are also eligible for CAH designation;
- Be located more than a 35-mile drive (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive) from a hospital or another CAH, or before January 1, 2006, the CAH is certified by the State as being a necessary provider of health care services to residents in the area. A CAH that is designated as a necessary provider as of December 31, 2005, will maintain its necessary provider designation after January 1, 2006;
- 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

² Oregon Office of Rural Health, Oregon Health & Science University, http://www.ohsu.edu/oregonruralhealth/ruralhealthcare_outi5.pdf, <November 2006>.

³ Oregon Office of Rural Health, Oregon Health & Science University, <http://www.ohsu.edu/oregonruralhealth/cahinfo.html>, <October 2006>.

- 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.

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

Table 1.02
Oregon's Critical Access Hospitals (CAH), 2005

Hospital	CAH Status Effective Date		CAH Status Effective Date
Blue Mountain Hospital in John Day	7/30/2001	Pioneer Memorial Hospital in Prineville	2/20/2003
Columbia Memorial Hospital	7/1/2004	Providence Hood River Hospital	4/30/2004
Coquille Hospital	3/1/2003	Providence Seaside Hospital	9/1/2000
Cottage Grove Hospital	7/3/2000	Samaritan Lebanon Community Hospital	6/1/2005
Curry General Hospital in Gold Beach	8/18/2004	Samaritan North Lincoln Hospital in Lincoln City	9/1/2000
Good Shepherd Medical Center	12/29/2005	Samaritan Pacific Communities Hospital in Newport	7/1/2003
Grand Ronde Hospital in La Grande	8/1/2004	Southern Coos Hospital in Bandon	11/6/2000
Harney District Hospital in Burns	10/10/2001	St. Anthony Hospital in Pendleton	5/18/2004
Lake District Hospital in Lakeview	12/5/2001	St. Elizabeth Hospital in Baker City	7/1/2003
Lower Umpqua Hospital in Reedsport	7/24/2002	Tillamook County General Hospital	1/29/2004
Mountain View Hospital	9/18/2005	Wallowa Memorial Hospital in Enterprise	9/17/2001
Peace Harbor Hospital in Florence	7/1/2003	West Valley Hospital in Dallas	12/27/2001
Pioneer Memorial Hospital in Heppner	4/1/2002		

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:⁴

- 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 Division of Medical Assistance Programs (DMAP), 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.

⁴ Merle West Medical Center and Bay Area Hospital, while located in rural areas, do not technically meet the definition of a rural hospital as designated in ORS 442.470D(b)

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*

*Also a Critical Access Hospital

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*	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 an increase in population with a decrease in capacity.

Table 1.06
Summary of Trends: Oregon Acute Care Hospitals, 2003 & 2005

	2003	2005	% Change
State Population	3,541,500	3,631,440	2.5%
Number of Hospitals	59	57	-3.4%
Staffed Beds	6,200	6,028	-2.8%
Total Registered Nurse FTE	10,856	13,292	22.4%
Total RN Workforce/Adj Admissions	1.7	2.1	26.2%
Inpatient Hospital Discharges	377,274	367,216	-2.7%
Acute Inpatient Days	1,458,130	1,461,573	0.2%
Adjusted Admissions	640,094	620,788	-3.0%
Occupancy Rate (%)	64.4%	66.4%	3.1%
Average Length of Stay (days)	3.9	4.0	3.0%
Emergency Department Visits	1,144,208	1,216,163	6.3%
Outpatient Visits	8,170,481	8,260,163	1.1%
Gross Patient Revenue (\$millions)	8,553.8	10,722.4	25.4%
Total Operating Revenues (\$millions)	5,127.8	6,024.2	17.5%
Total Operating Expenses (\$millions)	4,895.0	5,720.8	16.9%

Kaiser hospitals are not included in financial and adjusted admissions data elements.

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.

From 2003 to 2005 the number of staffed beds in Oregon decreased 2.8% and the occupancy increases from 64.4% to 66.4%. The increase in overall capacity was accompanied by an increase in average length of stay (3.0%), and registered nurse (RN) staff FTE per 100 adjusted admissions⁵ increased from 1.7 to 2.1 FTE. Emergency department visits increased 6.3% overall and outpatient visits increased 1.1%.

⁵ 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.

DRG Hospitals. In 2005, 25 of the 57 acute care general hospitals in Oregon were classified as DRG, two fewer than in 2003 due to hospital closures. 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 and closed again in 2005). These closures follow a national trend of consolidation of hospital resources.

Table 1.07
Summary of Trends: Oregon DRG Acute Care Hospitals, 2003 & 2005

	2003	2005	% Change
Number of Hospitals	27	25	-7.4%
Staffed Beds	5,163	5,107	-1.1%
Total FTE Registered Nurses (RN)	9,899	10,732	8.4%
RN FTE/100 Adj Admissions	1.9	2.2	14.2%
Inpatient Hospital Discharges	324,614	306,678	-5.5%
Acute Inpatient Days	1,311,922	1,328,660	1.3%
Adjusted Admissions	523,993	497,548	-5.0%
Occupancy Rate (%)	69.6%	71.3%	2.4%
Average Length of Stay (days)	4.0	4.1	3.5%
Emergency Department Visits	855,216	921,549	7.8%
Outpatient Visits	6,789,200	6,632,096	-2.3%
Gross Patient Revenue (\$millions)*	7,442.0	9,336.9	25.5%
Total Operating Revenues (\$millions)*	4,374.9	5,143.6	17.6%
Total Operating Expenses (\$millions)*	4,152.4	4,862.1	17.1%

Kaiser hospitals are not included in financial and adjusted admissions data elements.

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 87% of statewide discharges and gross patient revenue in 2005. Since 2003, there has been a 7.3% increase in registered nurse FTE per adjusted admission and an increase in average length of stay (8.0%).

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 2003 and 2005.

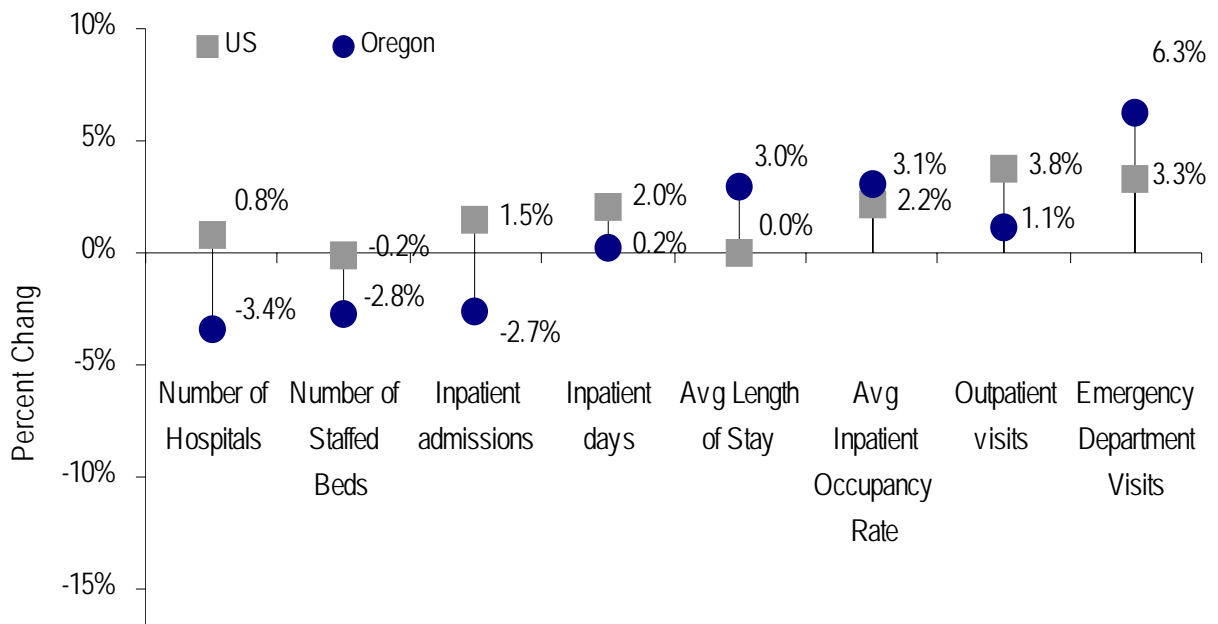
Table 1.08
Summary of Trends: Oregon Rural Acute Care Hospitals, 2003 & 2005

	Type A			Type B		
	2003	2005	% Change	2003	2005	% Change
Number of Hospitals	12	12	0.0%	20	20	0.0%
Staffed Beds	381	316	-17.0%	656	605	-7.8%
Total FTE Registered Nurses (RN)	432	484	12.0%	966	1,152	19.3%
RN FTE/100 Adj Admissions	0.9	1.2	28.0%	1.1	1.4	28.7%
Inpatient Hospital Discharges	18,524	14,907	-19.5%	34,136	31,379	-8.1%
Acute Inpatient Days	51,519	43,272	-16.0%	94,689	89,641	-5.3%
Adjusted Admissions	45,509	39,822	-12.5%	89,992	83,418	-7.3%
Occupancy Rate (%)	37.1%	37.5%	1.1%	39.5%	40.6%	2.7%
Average Length of Stay (days)	2.8	2.9	4.4%	2.8	2.9	3.0%
Emergency Department Visits	93,576	88,611	-5.3%	195,416	206,003	5.4%
Outpatient Visits	391,711	395,650	1.0%	989,570	1,232,417	24.5%
Gross Patient Revenue (\$millions)*	346.0	402.7	16.4%	765.8	982.7	28.3%
Total Operating Revenues (\$millions)*	240.1	266.1	10.8%	512.8	595.1	16.0%
Total Operating Expenses (\$millions)*	242.4	263.6	8.8%	500.2	595.1	19.0%

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. Figure 1.01 shows that Oregon differs from national acute hospital trends in many areas, the most dramatic of which is emergency department (ED) visits. From 2003 to 2005 Oregon increased ED visits 6.3% while the national trend was 3.3%. Oregon also exceeds the national trends for average length of stay and average inpatient occupancy rate. Oregon is below national trends for most other measures from 2003 to 2005 such as the number of hospitals, number of staffed beds, inpatient admissions, inpatient days, and total outpatient visits.

Figure 1.01
National and State Hospital Trends
Percent Change, 2003 to 2005



Data Sources: American Hospital Association Annual Survey, 2003 and 2005; Hospital Discharge Data and Databank. See Appendix IV for details on specific data sources and calculations.

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. Two of Oregon's 57 hospitals are for-profit, Willamette Valley Medical Center in McMinnville and McKenzie-Willamette Medical Center in Springfield⁶. (See Appendix I for information on individual hospitals.)

Table 1.09 illustrates the relationship of individual hospitals to hospital systems. Statewide, 61% of hospitals are in a hospital system.

Table 1.09
Hospital Systems in Oregon, 2005

System Name	Statewide		
	Number of Hospitals	Staffed Beds	Discharges
Adventist Health System/West	2	244	12,569
Asante Health System	2	374	22,099
Cascade Healthcare Community, Inc.	2	223	16,289
Catholic Health Initiatives	4	250	15,827
Kaiser Foundation	1	182	13,812
Legacy Health System	4	887	47,401
Pacific Health Horizons	2	396	22,180
PeaceHealth	3	454	30,364
Providence Health System - Oregon	7	1109	78,316
Samaritan Health Services	5	297	17,843
Triad Health	2	172	11,523
Tuality Healthcare	1	132	7,533
All Systems	35	4720	295,756
Hospitals with No System Affiliation	22	1308	71,460
All Hospitals	57	6028	367,216
System Hospitals as % of Total	61.4%	78.3%	80.5%

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

⁶ 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.

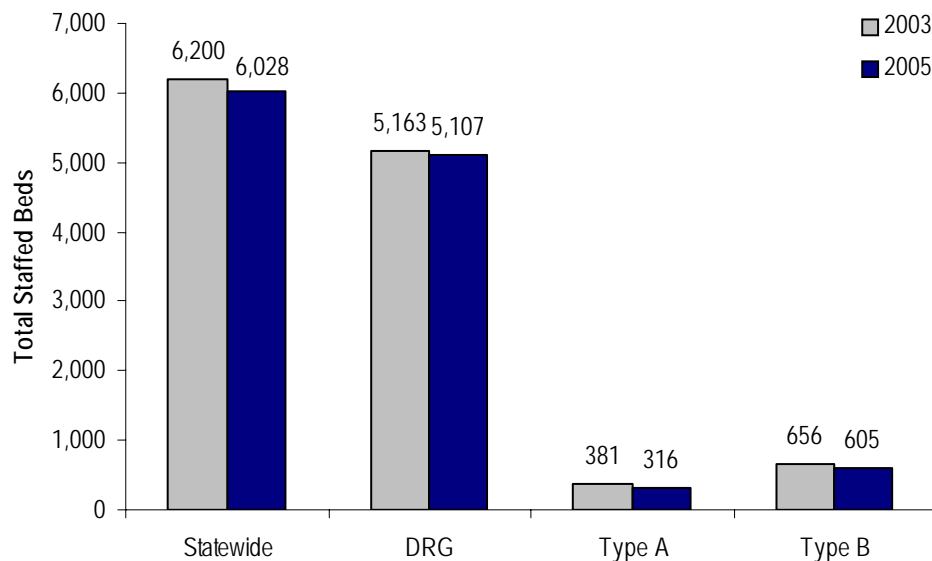
Bed Capacity

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 2005, Oregon had 1.8 staffed 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 2004. Nationally, in 2004 the number of licensed hospital beds per 1,000 people ranged from a high of 6.0 in South Dakota to 1.8 in Washington and Oregon.⁷

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, 2003 & 2005



Data Source: Databank

⁷ Kaiser Family Foundation, State Health Facts, <http://www.statehealthfacts.kff.org/> <November 24, 2006>.

In 2005, *DRG* hospitals ranged in size from 60 to 442 staffed beds. Hospitals were generally not staffed to full capacity: of 6,396 licensed beds in 2005, only 5,107 were staffed, or 80% of the total licensed hospital beds. In 2003, DRG hospitals included one additional inpatient hospital and 5,163 total staffed beds, reflecting an overall decrease in staffed beds of 1.1%. These overall trends, however, mask the variation in changes among individual DRG hospitals. For example, the number of staffed beds declined 7.9% at McKenzie-Willamette Medical Center but also increased by 26.8% at Legacy Mt. Hood Medical Center between 2003 and 2005.

Overall, there have been similar declines in bed capacity among *rural* hospitals. Type A hospitals experienced a 17% decrease in staffed beds, from 381 in 2003 to 316 in 2005, while Type B hospitals experienced a 7.8% decrease, from 656 in 2003 to 605 in 2005. In 2005, staffed beds ranged from 6 to 49 in rural hospitals; recall that Type A and Type B hospitals, by definition, have fewer than 50 beds and Critical Access Hospitals have less than 25. Both rural hospitals had 78% of licensed beds staffed. Individual hospitals also vary in the addition or removal of staffed beds between 2003 and 2005 (Table 2.02).

Table 2.01
Bed Capacity in Oregon DRG Hospitals, 2003 and 2005

Facility Name	2005 Licensed Beds	2003 Staffed Beds	2005 Staffed Beds	% Change Staffed beds
Adventist Medical Center	302	225	214	-4.9%
Bay Area Hospital	172	120	128	6.3%
Eastmoreland Hospital (Corvallis)	[closed]	77	[closed]	NA
Kaiser Sunnyside Medical Center	188	134	134	0.0%
Legacy Emanuel Hospital Center	196	183	182	-0.7%
Legacy Meridian Park Hospital	554	385	402	4.4%
Legacy Mt. Hood Medical Center	539	275	272	-1.0%
McKenzie-Willamette Medical Center	150	133	133	0.0%
Mercy Medical Center	115	63	80	26.8%
Merle West Medical Center	114	114	105	-7.9%
OHSU Hospital	153	149	151	1.3%
Providence Medford Medical Center	176	131	128	-2.3%
Providence Milwaukie Hospital	509	447	442	-1.1%
Providence Portland Medical Center	168	124	127	2.7%
Providence St. Vincent Medical Center	77	56	60	7.3%
Rogue Valley Medical Center	486	374	374	0.0%
Sacred Heart Medical Center	451	396	460	16.2%
Salem Hospital	305	276	276	0.0%
Samaritan Albany General Hospital	432	395	422	6.8%
St. Charles Medical Center (Bend)	454	385	390	1.4%
Three Rivers Community Hospital and Health Tuality Healthcare	76	64	64	0.0%
Willamette Falls Hospital	216	172	175	1.7%
Willamette Valley Medical Center	125	98	98	0.0%
Woodland Park Hospital	215	129	132	2.3%
Willamette Valley Medical Center	143	91	91	0.0%
Woodland Park Hospital	80	67	67	0.0%
Woodland Park Hospital	[closed]	101	[closed]	NA
Total DRG Hospitals	6396	5163	5107	-1.1%

Data Source: AHA Survey

Table 2.02
Bed Capacity in Oregon Rural Hospitals, 2003 and 2005

	2005 Licensed Beds	2003 Staffed Beds	2005 Staffed Beds	% Change Staffed beds
TYPE A				
Blue Mountain Hospital	25	19	16	-15.4%
Curry General Hospital	24	24	24	0.0%
Good Shepherd Medical Center	49	45	45	0.0%
Grande Ronde Hospital	50	49	25	-49.0%
Harney District Hospital	25	27	25	-6.8%
Holy Rosary Medical Center	49	55	49	-11.3%
Lake District Hospital	21	15	15	0.0%
Pioneer Memorial Hospital (Heppner)	12	12	12	0.0%
St. Anthony Hospital	49	49	25	-49.0%
St. Elizabeth Health Services	31	31	25	-18.0%
Tillamook County General Hospital	49	30	30	0.0%
Wallowa Memorial Hospital	57	25	25	0.0%
Total Type A Hospitals	441	381	316	-17.0%
TYPE B				
	2005 Licensed Beds	2003 Staffed Beds	2005 Staffed Beds	% Change Staffed beds
Ashland Community Hospital	49	37	32	-13.5%
Columbia Memorial Hospital	49	37	25	-32.4%
Coquille Valley Hospital	16	18	16	-8.6%
Cottage Grove Community Hospital	11	12	11	-6.4%
Lower Umpqua Hospital	53	14	49	250.0%
Mid-Columbia Medical Center	49	49	49	0.0%
Mountain View Hospital	36	31	30	-3.2%
Peace Harbor Hospital	21	21	21	0.0%
Pioneer Memorial Hospital (Prineville)	35	35	25	-28.6%
Providence Hood River Memorial Hospital	25	31	27	-12.2%
Providence Newberg Hospital	36	35	36	2.6%
Providence Seaside Hospital	56	47	25	-46.9%
Samaritan Lebanon Community Hospital	49	49	49	0.0%
Samaritan North Lincoln Hospital	37	31	25	-19.4%
Samaritan Pacific Communities Hospital	48	42	25	-40.5%
Santiam Memorial Hospital	40	40	40	0.0%
Silverton Hospital	48	48	48	0.0%
Southern Coos Hospital and Health Center	24	18	18	0.0%
St. Charles Medical Center (Redmond)	48	48	48	0.0%
West Valley Community Hospital	15	14	6	-57.9%
Total Type B Hospitals	745	656	605	-7.8%
Total Rural Hospitals	1186	1037	921	-11.2%

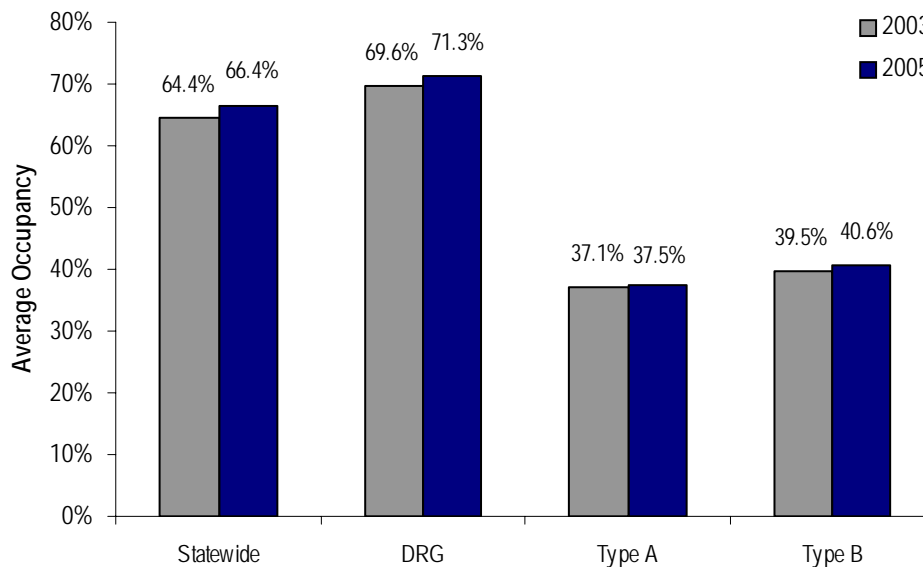
Data Source: AHA Survey

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 2003 and 2005 occupancy rates for DRG and rural hospitals, respectively.

Figure 2.02
Occupancy, Oregon Acute Care Hospitals, 2003 & 2005



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, 2003 and 2005

Facility Name	2003 Occupancy	2005 Occupancy	% Change
Adventist Medical Center	59.4%	53.4%	-10.1%
Bay Area Hospital	67.3%	66.7%	-0.9%
Eastmoreland Hospital	13.2%	[Closed]	--
Good Samaritan Regional Medical Center (Corvallis)	70.4%	61.9%	-12.1%
Kaiser Sunnyside Medical Center	76.3%	77.8%	2.0%
Legacy Emanuel Hospital	76.6%	72.1%	-5.9%
Legacy Good Samaritan Hospital and Medical Center	61.1%	65.8%	7.7%
Legacy Meridian Park Hospital	56.9%	57.6%	1.2%
Legacy Mt. Hood Medical Center	70.5%	61.1%	-13.3%
McKenzie-Willamette Medical Center	52.6%	55.7%	5.9%
Mercy Medical Center	73.4%	68.1%	-7.2%
Merle West Medical Center	52.5%	58.6%	11.6%
OHSU Hospital	82.7%	80.9%	-2.2%
Providence Medford Medical Center	61.5%	64.4%	4.7%
Providence Milwaukie Hospital	51.4%	52.7%	2.5%
Providence Portland Medical Center	76.0%	71.6%	-5.8%
Providence St. Vincent Medical Center	99.1%	86.2%	-13.0%
Rogue Valley Medical Center	63.9%	58.6%	-8.3%
Sacred Heart Medical Center	67.8%	71.2%	5.0%
Salem Hospital	63.6%	60.9%	-4.2%
Samaritan Albany General Hospital	45.7%	50.0%	9.4%
St. Charles Medical Center (Bend)	85.5%	72.1%	-15.7%
Three Rivers Community Hospital and Health Center	74.4%	76.1%	2.3%
Tuality Healthcare	62.2%	56.4%	-9.3%
Willamette Falls Hospital	52.5%	48.1%	-8.4%
Willamette Valley Medical Center	67.2%	70.3%	4.6%
Woodland Park Hospital	18.6%	[Closed]	--
DRG Hospital Average	69.6%	71.3%	2.4%

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, 2003 and 2005

FacilityName	2003 Occupancy	2005 Occupancy	% Change
TYPE A			
Blue Mountain Hospital	13.8%	8.7%	-37.0%
Curry General Hospital	21.3%	20.5%	-3.8%
Good Shepherd Medical Center	56.0%	42.1%	-24.8%
Grande Ronde Hospital	42.6%	73.2%	71.8%
Harney District Hospital	17.1%	19.4%	13.5%
Holy Rosary Medical Center	58.0%	49.3%	-15.0%
Lake District Hospital	27.6%	28.9%	4.7%
Pioneer Memorial Hospital (Heppner)	7.3%	4.1%	-43.8%
St. Anthony Hospital	37.2%	60.1%	61.6%
St. Elizabeth Health Services	35.6%	44.4%	24.7%
Tillamook County General Hospital	38.5%	43.5%	13.0%
Wallowa Memorial Hospital	20.4%	15.9%	-22.1%
Type A Average	37.1%	37.5%	1.1%
TYPE B			
Ashland Community Hospital	49.7%	49.7%	0.0%
Columbia Memorial Hospital	51.2%	75.4%	47.3%
Coquille Valley Hospital	25.2%	34.7%	37.7%
Cottage Grove Community Hospital	[not available]	30.4%	--
Lower Umpqua Hospital	33.8%	39.4%	16.6%
Mid-Columbia Medical Center	52.1%	45.3%	-13.1%
Mountain View Hospital	27.2%	27.2%	0.0%
Peace Harbor Hospital	49.8%	65.3%	31.1%
Pioneer Memorial Hospital (Prineville)	21.6%	29.1%	34.7%
Providence Hood River Memorial Hospital	38.2%	51.9%	35.9%
Providence Newberg Hospital	45.8%	44.6%	-2.6%
Providence Seaside Hospital	23.2%	25.8%	11.2%
Samaritan Lebanon Community Hospital	55.5%	66.8%	20.4%
Samaritan North Lincoln Hospital	37.4%	52.2%	39.6%
Samaritan Pacific Communities Hospital	31.1%	30.0%	-3.5%
Santiam Memorial Hospital	31.5%	20.3%	-35.6%
Silverton Hospital	70.9%	63.2%	-10.9%
Southern Coos Hospital and Health Center	16.3%	28.3%	73.6%
St. Charles Medical Center (Redmond)	39.8%	34.8%	-12.6%
West Valley Community Hospital	11.8%	18.8%	59.3%
Type B Average	39.5%	40.6%	2.7%

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

CHAPTER 3

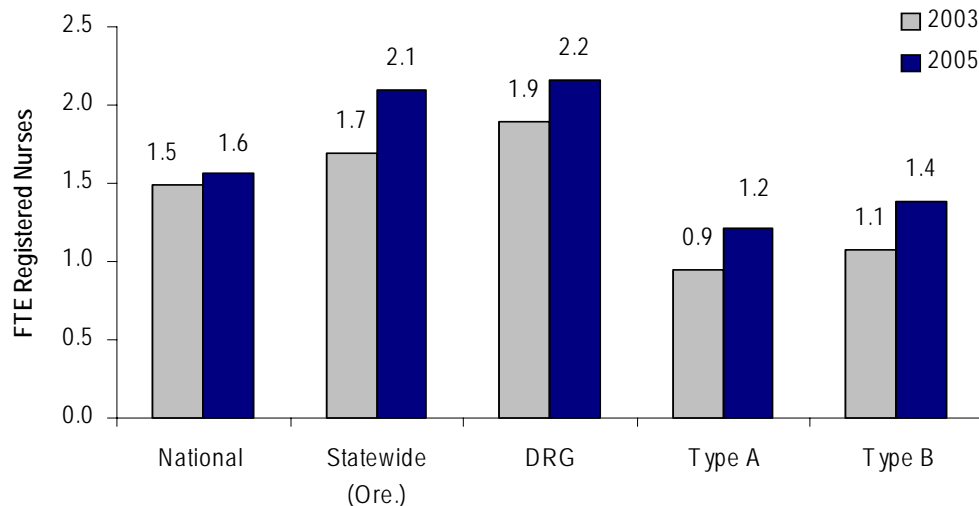
WORKFORCE

Registered Nurses

Nurses make up the largest percentage of the healthcare workforce in Oregon; in 2004, there were 38,424 registered nurses licensed in the state, and 49% of those reported that they worked in an acute care/hospital setting.⁸ In 2005, this translated into a hospital workforce of over 12,000 full-time equivalent (FTE) registered nurses.⁹

As would be expected, DRG hospitals employ the largest proportion of registered nursing in the state, accounting for 87% of those working in hospitals. Statewide, RN FTEs have increased 9.5% since 2003 with DRG hospitals increasing 8.4%. Although noticeably smaller in RN FTE workforce, rural hospitals have increased since 2003 at a rate more than twice that of DRG hospitals (17%) with type A hospitals increasing 12% and type B hospitals increasing 19.3% in RN workforce.

Figure 3.01
Registered Nurse Workforce FTE per 100 Adjusted Admissions in Oregon Acute Care Hospitals, 2003 and 2005



Data Source: AHA Survey

⁸ Oregon State Board of Nursing, *2003-2004 Statistical Report*, Accessed at: <http://www.oregon.gov/OSBN/pdfs/publications/2003-04StatisticalReport.pdf> <November 2006>.

⁹ 2005 American Hospital Association (AHA) Survey.

Table 3.01
Total FTE and registered Nurse FTE/ 100 Adjusted Admissions at DRG Hospitals 2003 and 2005

Facility Name	Total FTE Per 100 Adj. Adm. 2005	Total FTE RN Per 100 Adj. Adm. 2003	Total FTE RN Per 100 Adj. Adm. 2005	% Change
Adventist Medical Center	6.5	1.3	1.4	0.9%
Bay Area Hospital	7.1	1.9	1.8	-5.7%
Good Samaritan Regional Medical Center (Corvallis)	7.0	1.7	1.7	4.2%
Kaiser Sunnyside Medical Center	NA	NA	NA	NA
Legacy Emanuel Hospital	10.5	3.7	3.7	-0.1%
Legacy Good Samaritan Hospital and Medical Center	6.6	2.1	1.9	-8.6%
Legacy Meridian Park Hospital	4.1	1.6	1.7	5.4%
Legacy Mt. Hood Medical Center	4.5	1.9	1.8	-3.0%
McKenzie-Willamette Medical Center	4.5	1.4	1.1	-19.4%
Mercy Medical Center	5.6	1.3	1.3	0.2%
Merle West Medical Center	6.5	1.2	1.2	2.2%
OHSU Hospital	10.7	3.0	2.6	-10.9%
Providence Medford Medical Center	7.9	1.6	2.0	30.1%
Providence Milwaukie Hospital	3.5	1.1	1.1	-1.5%
Providence Portland Medical Center	5.3	1.6	1.7	3.9%
Providence St. Vincent Medical Center	5.1	2.0	2.0	2.5%
Rogue Valley Medical Center	8.5	1.8	2.3	24.1%
Sacred Heart Medical Center	7.3	2.2	2.1	-4.2%
Salem Hospital	7.7	1.8	2.3	28.5%
Samaritan Albany General Hospital	5.4	1.1	1.5	33.7%
St. Charles Medical Center (Bend)	7.6	1.3	1.9	46.2%
Three Rivers Community Hospital and Health Center	4.8	1.3	1.3	-1.8%
Tuality Healthcare	5.9	1.5	1.7	11.7%
Willamette Falls Hospital	5.0	1.0	1.5	42.8%
Willamette Valley Medical Center	4.3	0.8	1.3	65.3%
All DRG Hospitals	6.3	1.9	2.2	15.8%

Data Source: AHA Survey.

Table 3.02
Total FTE and Registered Nurse FTE/ 100 Adjusted Admissions at Rural Hospitals 2003 and 2005

Type A	Total FTE Per	Total FTE RN	Total FTE RN	% Change
	100 Adj. Adm. 2005	Per 100 Adj. Adm. 2003	Per 100 Adj. Adm. 2005	
Blue Mountain Hospital	8.4	1.2	1.7	33.3%
Curry General Hospital	3.9	0.8	0.8	-6.1%
Good Shepherd Medical Center	5.4	1.2	1.4	11.3%
Grande Ronde Hospital	5.5	1.2	1.3	5.5%
Harney District Hospital	5.8	0.7	1.4	88.0%
Holy Rosary Medical Center	5.0	0.8	1.0	29.2%
Lake District Hospital	5.3	1.1	0.9	-20.1%
Pioneer Memorial Hospital (Heppner)	11.8	1.3	2.4	76.1%
St. Anthony Hospital	5.4	1.0	1.8	74.7%
St. Elizabeth Health Services	4.6	1.1	1.1	-2.4%
Tillamook County General Hospital	5.5	2.1	1.9	NA
Wallowa Memorial Hospital	9.4	1.7	2.2	31.1%
All Type A Hospitals	6.3	0.9	1.2	28.0%
Type B	Total FTE Per	Total FTE RN	Total FTE RN	% Change
	100 Adj. Adm. 2005	Per 100 Adj. Adm. 2003	Per 100 Adj. Adm. 2005	
Ashland Community Hospital	7.9	1.9	2.1	14.2%
Columbia Memorial Hospital	5.0	0.8	1.2	39.6%
Coquille Valley Hospital	1.3	0.5	0.9	83.7%
Cottage Grove Community Hospital	2.9	NA	0.8	NA
Lower Umpqua Hospital	6.6	1.7	1.5	-13.9%
Mid-Columbia Medical Center	9.3	1.0	1.3	28.3%
Mountain View Hospital	2.9	1.5	1.6	8.0%
Peace Harbor Hospital	21.4	1.4	0.7	-46.5%
Pioneer Memorial Hospital (Prineville)	2.0	1.4	1.7	24.2%
Providence Hood River Memorial Hospital	10.2	0.8	1.0	20.5%
Providence Newberg Hospital	5.5	1.4	1.7	23.3%
Providence Seaside Hospital	6.7	1.4	1.5	5.1%
Samaritan Lebanon Community Hospital	5.4	1.3	1.1	-15.8%
Samaritan North Lincoln Hospital	9.1	1.1	1.1	0.0%
Samaritan Pacific Communities Hospital	9.9	1.1	1.3	17.4%
Santiam Memorial Hospital	3.7	0.6	0.6	3.9%
Silverton Hospital	3.7	0.8	0.8	-0.2%
Southern Coos Hospital and Health Center	8.1	1.3	1.3	2.0%
St. Charles Medical Center (Redmond)	8.2	0.6	1.1	82.0%
West Valley Community Hospital	1.8	0.8	0.7	-12.1%
All Type B Hospitals	6.6	1.1	1.4	28.7%
All Rural Hospitals	6.5	1.0	1.3	28.4%

Data Source: AHA Survey.

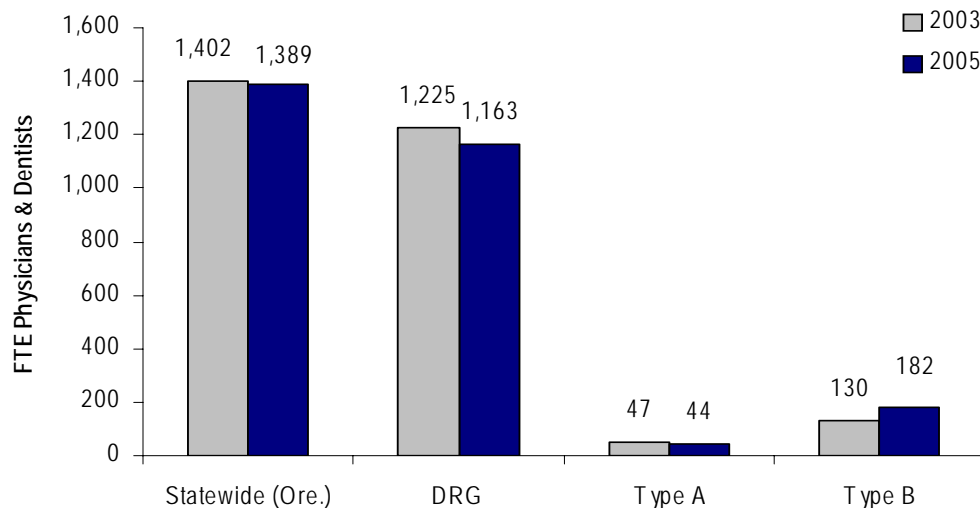
Physicians & Dentists

In 2005, the 1,402 physicians and dentists that were directly employed by acute care hospitals or health systems made up only 16.2% of the 8,632 physicians with active licenses in Oregon.¹⁰ Therefore conclusions about current physician practice patterns, demographics, capacity and other characteristics should be drawn from the *Oregon Physician Workforce Survey* administered by the Oregon Department of Human Services Division of Medical Assistance Programs, Office for Oregon Health Policy and Research and the Oregon Medical Association available at

http://www.oregon.gov/DHS/healthplan/data_pubs/reports/04opsurvey.pdf

Table 3.03 below indicates that the population of physicians and dentists directly employed by hospitals in the state has decreased slightly (0.09%) from 2003 to 2005. Both DRG and Type A hospitals decreased (5.1%) and (6.4%) respectfully; however, Type B hospitals however increased physician and dentist FTE by 40% from 2003 to 2005.

Figure 3.02
Physician & Dentist Workforce FTE Employed Directly in Oregon Acute Care Hospitals, 2003 and 2005



Data Source: AHA Survey

¹⁰ Oregon Office of Rural Health, "TABLE 1-05. NUMBERS OF PHYSICIANS LICENSED, ACTIVE AND PRACTICING IN OREGON 1950-2005" Accessed at http://www.ohsu.edu/oregonruralhealth/table_1-05.htm <December 2006> and 2007 AHA Survey.

Table 3.03
Total Physician & Dentist FTE at DRG Hospitals 2003 and 2005

Facility Name	Total FTE Physicians & Dentists 2003	Total FTE Physicians & Dentists 2005
Adventist Medical Center	51	49
Bay Area Hospital	6	9
Good Samaritan Regional Medical Center (Corvallis)	22	49
Kaiser Sunnyside Medical Center	134	156
Legacy Emanuel Hospital Center	43 12	52 9
Legacy Meridian Park Hospital	0	0
Legacy Mt. Hood Medical Center	0	0
McKenzie-Willamette Medical Center	0	0
Mercy Medical Center	7	7
Merle West Medical Center	9	13
OHSU Hospital	758	642
Providence Medford Medical Center	12	20
Providence Milwaukie Hospital	3	3
Providence Portland Medical Center	37	44
Providence St. Vincent Medical Center	23	18
Rogue Valley Medical Center	8	13
Sacred Heart Medical Center	18	24
Salem Hospital	10	5
Samaritan Albany General Hospital	7	4
St. Charles Medical Center (Bend)	24	0
Three Rivers Community Hospital and Health Center	11	8
Tuality Healthcare	24	18
Willamette Falls Hospital	4	5
Willamette Valley Medical Center	2	15
DRG Hospitals	1,225	1,163

Data Source: AHA Survey.

Table 3.04
Physician & Dentist FTE at Rural Hospitals 2003 and 2005

Type A	Total FTE Physicians & Dentists 2003	Total FTE Physicians & Dentists 2005
Blue Mountain Hospital	0	2
Curry General Hospital	2	2
Good Shepherd Medical Center	11	9
Grande Ronde Hospital	5	12
Harney District Hospital	0	1
Holy Rosary Medical Center	9	5
Lake District Hospital	1	0
Pioneer Memorial Hospital (Heppner)	2	2
St. Anthony Hospital	6	0
St. Elizabeth Health Services	8	8
Tillamook County General Hospital	0	0
Wallowa Memorial Hospital	3	3
Type A Hospitals	47	44
Type B	Total FTE Physicians & Dentists 2003	Total FTE Physicians & Dentists 2005
Ashland Community Hospital	0	1
Columbia Memorial Hospital	6	3
Coquille Valley Hospital	1	1
Cottage Grove Community Hospital	0	5
Lower Umpqua Hospital	0	1
Mid-Columbia Medical Center	10	27
Mountain View Hospital	2	3
Peace Harbor Hospital	4	24
Pioneer Memorial Hospital (Prineville)	0	0
Providence Hood River Memorial Hospital	7	18
Providence Newberg Hospital	7	6
Providence Seaside Hospital	14	11
Samaritan Lebanon Community Hospital	43	36
Samaritan North Lincoln Hospital	7	9
Samaritan Pacific Communities Hospital	9	10
Santiam Memorial Hospital	3	8
Silverton Hospital	12	18
Southern Coos Hospital and Health Center	1	1
St. Charles Medical Center (Redmond)	4	0
West Valley Community Hospital	3	0
Type B Hospitals	130	182
Total Rural Hospitals	177	226

Data Source: AHA Survey.

CHAPTER 4

UTILIZATION OF HOSPITAL SERVICES

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. Statewide, Oregon hospitals discharged 377,274 patients in 2003 and 367,216 patients in 2005, or a decrease of about 3% in two years.

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 (first, second and fourth). Ambulatory sensitive conditions for which timely primary care services would replace the need for hospitalization include pneumonia (sixth), congestive heart failure and shock (seventh) and chronic obstructive pulmonary disease (tenth).

Table 4.01
Top Ten Diagnosis-Related Groups (Ranks by Volume) in Oregon Acute Care Hospitals, 2005

DRG	Description	Statewide	DRG	Type A	Type B
391	Normal newborn	1	1	1	1
373	Vaginal delivery without complicating diagnosis	2	2	2	2
430	Psychoses	3	3	--	--
371	Cesarean section without CC	4	4	3	4
209	Major joint & limb reattachment procedures of lower extremity	5	5	5	7
89	Simple pneumonia & pleurisy, age>17 with CC	6	6	4	3
127	Heart failure and shock	7	7	6	5
359	Uterine and adnexa procedure for non-malignancy without CC	8	8	9	10
390	Infant with other significant problems	9	9	--	8
88	Chronic obstructive pulmonary disease	10	10	8	6
174	Gastrointestinal hemorrhage with CC	--	--	7	--
182	Espohagitis, gastroenterology & misc digestive disorders, age>17, with CC	--	--	10	--
372	Vaginal delivery without complicating diagnosis	--	--	--	9

CC=Complications and comorbidities

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

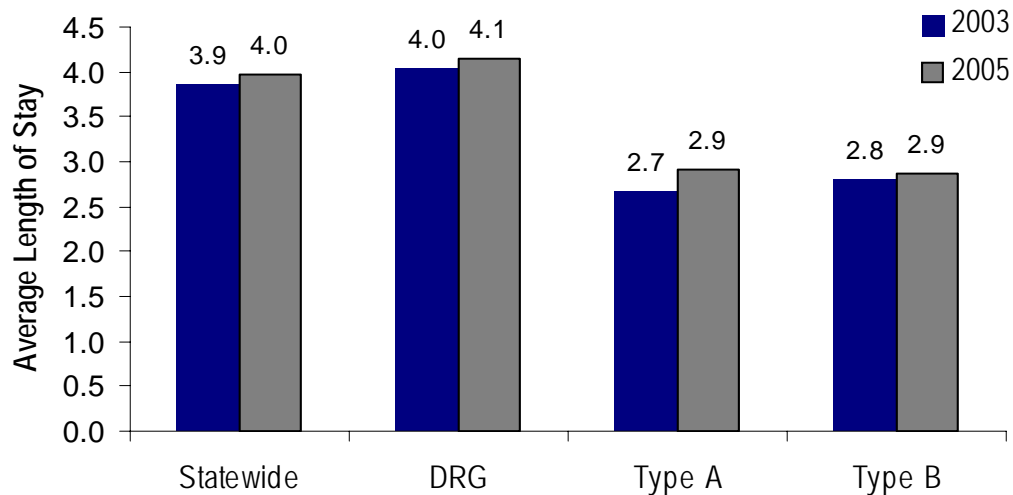
Data Source: Hospital Discharge Data

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 2003 and 2005. 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 2003 & 2005



Data Source: Hospital Discharge Data

Table 4.02
Average Length of Stay (LOS) in Oregon DRG Hospitals, 2003 & 2005

Facility Name	2003 LOS	2005 LOS	% Change
Adventist Medical Center	4.2	4.4	2.4%
Bay Area Hospital	3.6	3.7	4.0%
Eastmoreland Hospital	5.0	[Closed]	--
Good Samaritan Regional Medical Center (Corvallis)	3.8	4.0	6.1%
Kaiser Sunnyside Medical Center	3.6	3.8	6.1%
Legacy Emanuel Hospital	5.1	5.4	5.6%
Legacy Good Samaritan Hospital and Medical Center	4.3	4.5	5.4%
Legacy Meridian Park Hospital	3.2	3.5	10.7%
Legacy Mt. Hood Medical Center	3.1	3.2	3.8%
McKenzie-Willamette Medical Center	3.2	3.3	1.0%
Mercy Medical Center	3.8	3.9	3.8%
Merle West Medical Center	3.4	3.5	2.2%
OHSU Hospital	5.1	5.0	-1.8%
Providence Medford Medical Center	4.1	4.4	6.0%
Providence Milwaukie Hospital	2.8	3.0	8.0%
Providence Portland Medical Center	4.2	4.3	2.6%
Providence St. Vincent Medical Center	4.1	4.1	-0.5%
Rogue Valley Medical Center	4.1	4.3	4.7%
Sacred Heart Medical Center	4.1	4.2	2.9%
Salem Hospital	4.3	4.2	-3.1%
Samaritan Albany General Hospital	2.6	2.7	6.4%
St. Charles Medical Center (Bend)	3.9	3.9	0.1%
Three Rivers Community Hospital and Health Center	3.1	3.4	9.1%
Tuality Healthcare	3.7	3.9	6.8%
Willamette Falls Hospital	3.1	3.1	0.3%
Willamette Valley Medical Center	3.2	3.4	8.1%
Woodland Park Hospital	5.0	[Closed]	--
All DRG Hospitals	4.0	4.1	3.5%

Data Source: Hospital Discharge Data

Table 4.03

Average Length of Stay in Oregon Rural Hospitals, 2003 & 2005

Facility Name	2003 LOS	2005 LOS	% Change
TYPE A			
Blue Mountain Hospital	2.7	2.8	3.0%
Curry General Hospital	2.3	2.5	8.8%
Good Shepherd Medical Center	2.7	2.8	4.9%
Grande Ronde Hospital	2.9	3.0	3.4%
Harney District Hospital	2.2	2.5	14.8%
Holy Rosary Medical Center	2.7	3.0	8.1%
Lake District Hospital	2.6	2.6	1.6%
Pioneer Memorial Hospital (Heppner)	2.0	2.2	9.4%
St. Anthony Hospital	2.9	2.8	-4.7%
St. Elizabeth Health Services	3.2	3.4	6.8%
Tillamook County General Hospital	3.1	3.1	0.8%
Wallowa Memorial Hospital	2.8	2.8	1.5%
All Type A Hospitals	2.8	2.9	0.0%
TYPE B			
Ashland Community Hospital	3.0	2.8	-6.4%
Columbia Memorial Hospital	2.7	3.0	9.9%
Coquille Valley Hospital	2.4	2.8	14.9%
Cottage Grove Community Hospital	[not available]	2.8	NA
Lower Umpqua Hospital	3.4	3.3	-1.8%
Mid-Columbia Medical Center	3.3	3.3	1.6%
Mountain View Hospital	2.4	2.7	13.0%
Peace Harbor Hospital	3.0	2.8	-7.7%
Pioneer Memorial Hospital (Prineville)	2.8	2.8	-0.1%
Providence Hood River Memorial Hospital	2.4	2.5	4.3%
Providence Newberg Hospital	2.8	3.0	8.3%
Providence Seaside Hospital	3.1	3.4	9.5%
Samaritan Lebanon Community Hospital	3.1	3.2	2.4%
Samaritan North Lincoln Hospital	2.6	3.1	19.0%
Samaritan Pacific Communities Hospital	2.6	3.0	15.8%
Santiam Memorial Hospital	3.0	2.5	-15.1%
Silverton Hospital	2.4	2.4	-1.8%
Southern Coos Hospital and Health Center	2.9	3.3	16.3%
St. Charles Medical Center (Redmond)	2.6	2.7	4.6%
West Valley Community Hospital	2.8	2.8	-2.8%
All Type B Hospitals	2.8	2.9	4.8%

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 (79% statewide) were routinely discharged – not into a post-acute care setting. The remaining 21% of discharges include, in descending frequency, discharge to a short-term hospital, discharge to a skilled nursing facility, discharge to an intermediate care facility, discharge to some other type of facility, discharge to home health care, left against medical advice, and deaths. (Table 4.04).

Table 4.04
Place of Patient Discharge (% of Total Discharges)* from Oregon Acute Care Hospitals (2005)

	Statewide	DRG	Type A	Type B
Routine Discharge	79.2%	79.4%	78.4%	77.2%
Discharge to short-term hospital	1.9%	1.4%	5.4%	5.1%
Discharged to skilled nursing facility	6.7%	6.9%	4.7%	5.6%
Discharged to intermediate care facility	0.7%	0.7%	0.5%	0.6%
Discharged to another type of facility	2.6%	2.4%	4.2%	3.6%
Discharged to home health care	6.5%	6.6%	4.6%	5.8%
Left against medical advice	0.5%	0.5%	0.4%	0.4%
Expired	2.0%	2.0%	1.7%	1.7%

*Excludes discharges with unknown place of discharge

Data Source: Hospital Discharge Data

CHAPTER 5

HOSPITAL FINANCES AND REVENUES

Profitability

As was stated earlier in this report, all but two 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.¹¹ 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).¹²

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.

¹¹ 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 2006>.

¹² 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 2006>.

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.

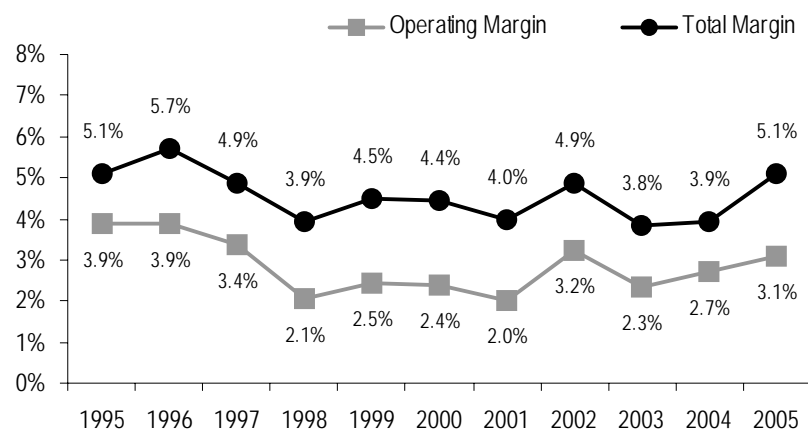
Operating Margin and Total Margin

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.

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,”¹³ 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.

Figure 5.01
Median Operating Margins (OM) and Total Margin (TM), Oregon Acute Care Hospitals, 1995-2005

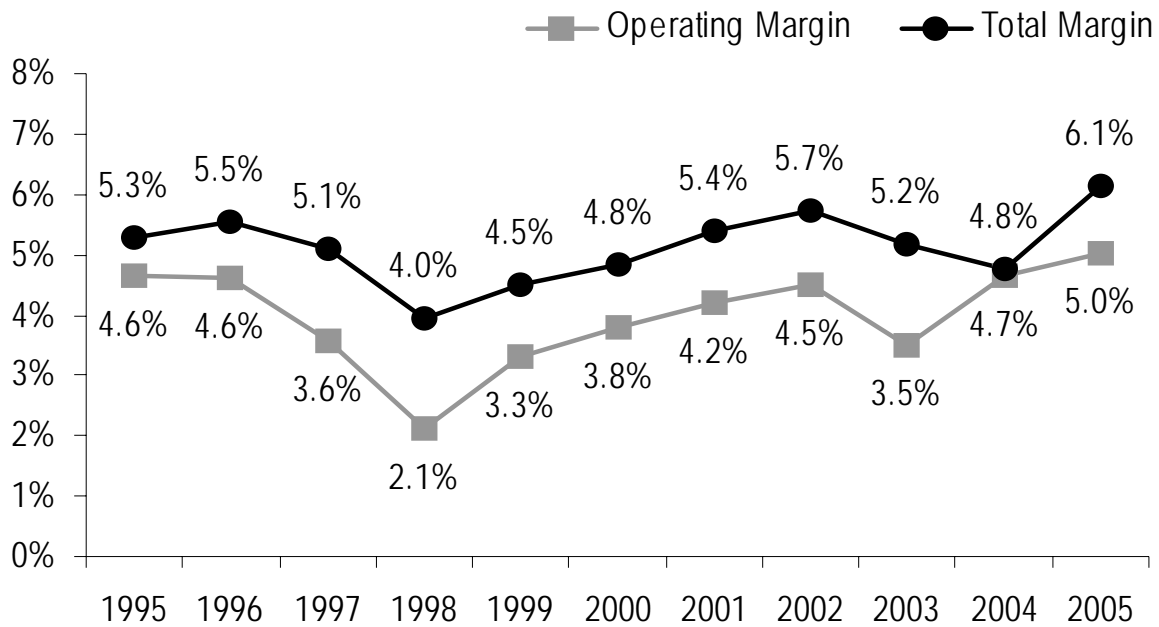


Kaiser hospitals are not included in this financial information

Data Source: Hospital Financials

¹³ Harrison M, Montalvo C, “The Financial Health of California Hospitals: A Looming Crisis,” *Health Affairs*, 21(1), 2002, p. 17.

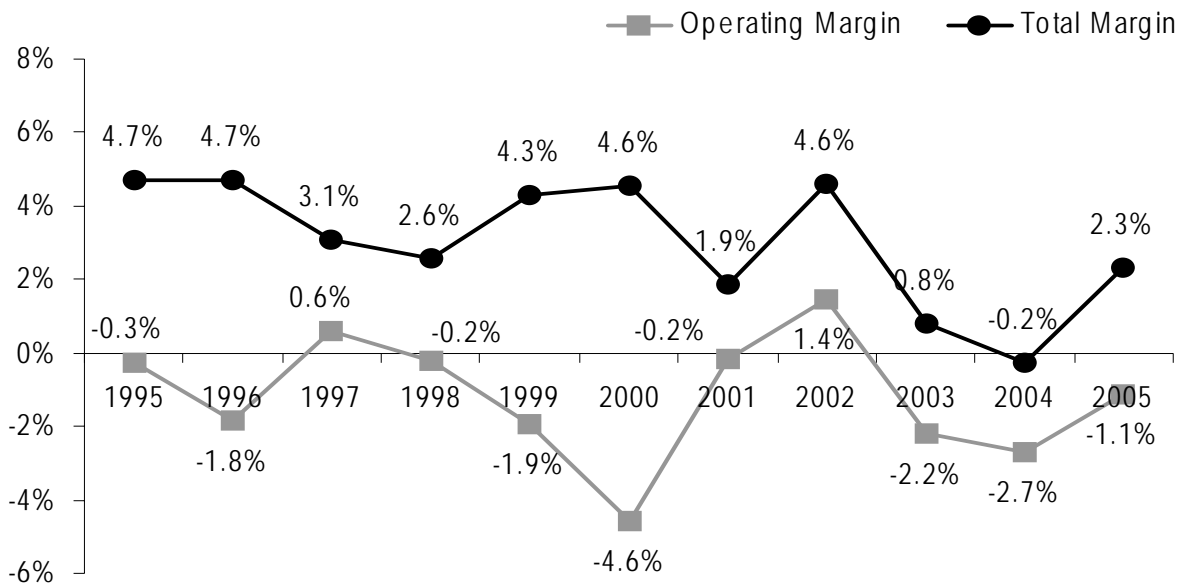
Figure 5.02
Median Operating Margins (OM) and Total Margin (TM), Oregon DRG Hospitals, 1995-2005



Kaiser hospitals are not included in this financial information

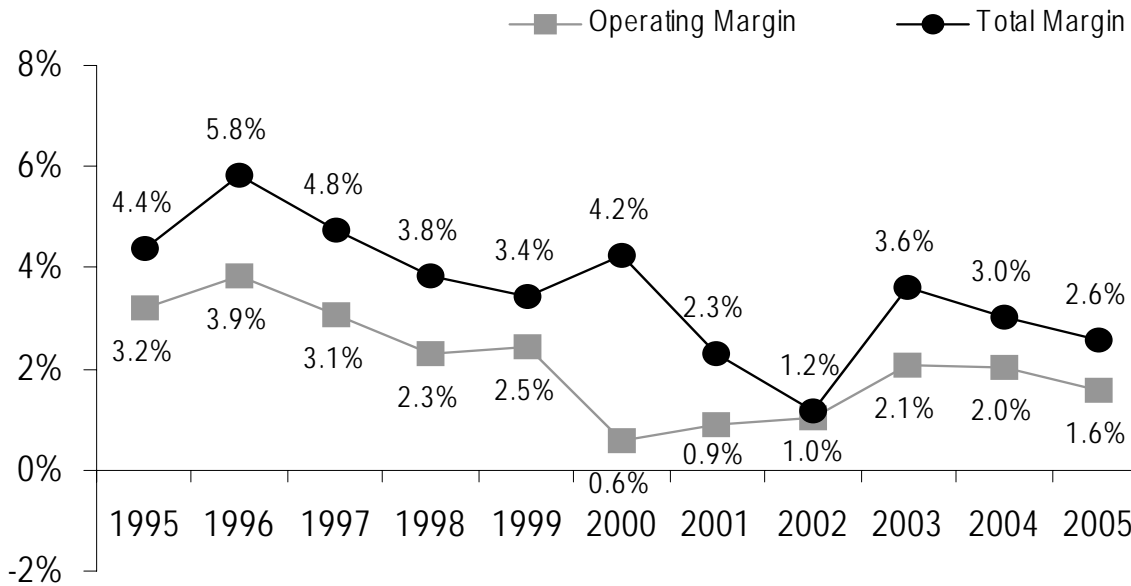
Figures 5.01-5.04 display median operating margin and total margin statewide and for DRG, Type A, and Type B hospitals, respectively. Median margins are displayed in order to reduce the impact of outliers, or extreme values, on the reported value. Hospital-level margins are displayed in Appendix III.

Figure 5.03
Median Operating Margins (OM) and Total Margin (TM), Oregon Type A Hospitals, 1995-2005



Data Source: Hospital Financials

Figure 5.04
Median Operating Margins (OM) and Total Margin (TM), Oregon Type B Hospitals, 1995-2005



Data Source: Hospital Financials

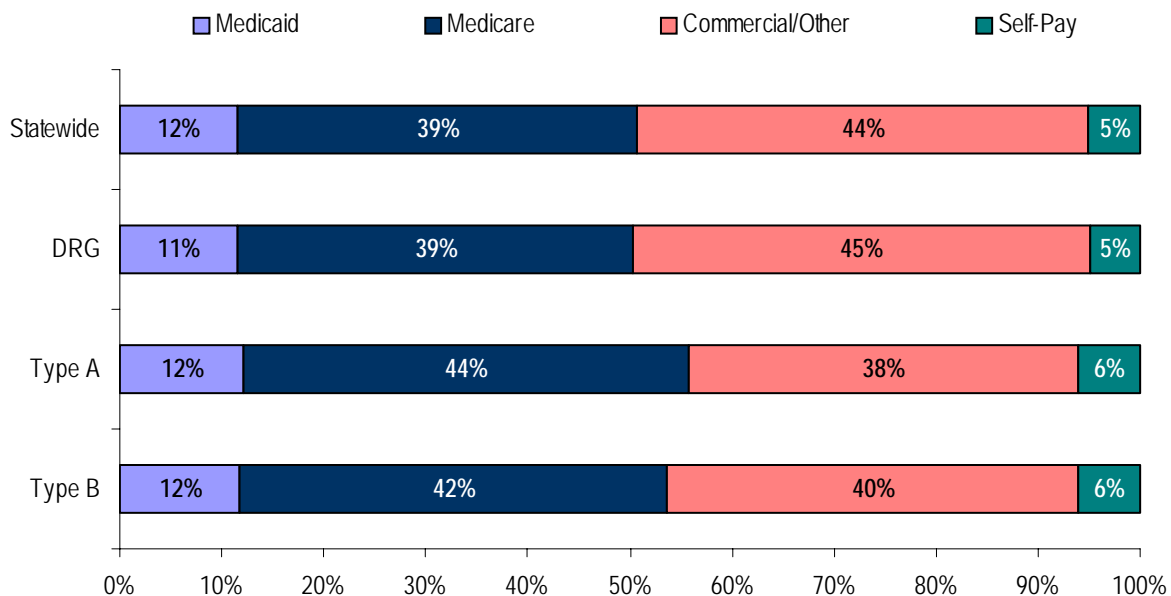
Payer Mix

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 44% of statewide charges; private insurers make up about 87% of this category.¹⁴ Finally, uninsured payers comprise 5% 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.

Figure 5.05
Payer Mix* in Oregon Acute Care Hospitals, 2005



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

Data Source: Databank

¹⁴ 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.

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.

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 dramatically from 2002 to 2005 (Table 5.01). The increases in charity care of 231%, bad debt of 76% and total uncompensated care of 138% between 2002 and 2005 is a reflection of increased numbers of Oregonians without health insurance.¹⁵ 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.

¹⁵ In February 2003, Oregon implemented changes to the Oregon Health Plan program in a waiver referred to as OHP2 in order to deal with budgetary pressures, which led to the dropping off of approximately 77% of the OHP Standard expansion population by December 2005.

Hospital-level uncompensated care data for 2005 are shown in Appendix II.

Table 5.01
Uncompensated Care, Oregon Acute Care Hospitals, 1995-2005

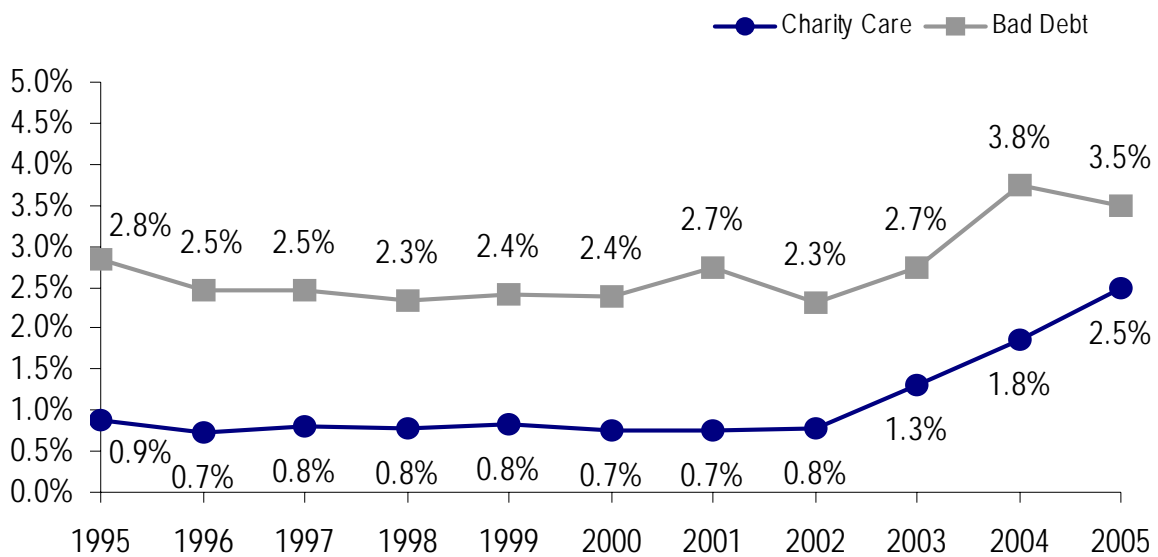
Year	Gross Patient Revenue (\$millions*)	Charity Care (\$millions*)	Bad Debt (\$millions*)	Total Uncompensated Care (\$millions*)	Uncompensated Care/GPR
1995	4,623.0	68.5	107.8	176.3	3.8%
1996	4,831.1	62.1	97.1	159.2	3.3%
1997	5,093.4	63.8	103.5	167.3	3.3%
1998	5,423.3	62.9	107.0	169.9	3.1%
1999	5,786.5	68.6	108.9	177.5	3.1%
2000	6,458.8	68.6	128.4	197.0	3.1%
2001	7,094.6	79.1	144.9	224.1	3.2%
2002	7,899.8	110.2	163.4	273.5	3.5%
2003	9,081.7	158.3	213.6	371.9	4.1%
2004	10,022.7	238.6	287.8	526.4	5.3%
2005	10,722.4	364.3	287.0	651.4	6.1%

*Adjusted to 2005 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.

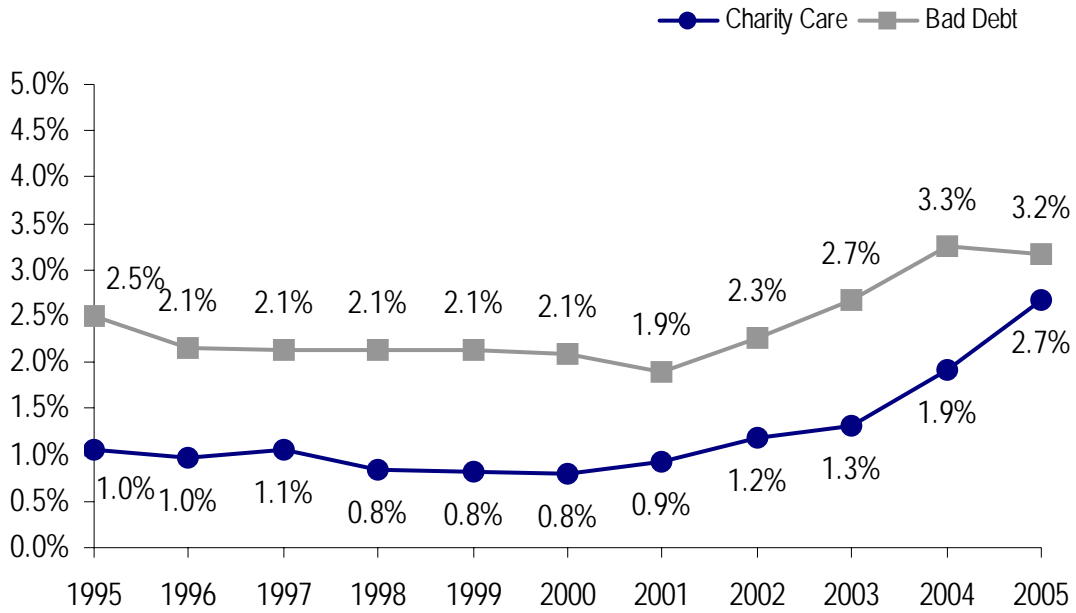
Figure 5.06
Uncompensated Care as Percent of Gross Patient Revenue (Median) Oregon Acute Care Hospitals, 1995-2005



Kaiser hospitals are not included in this financial information

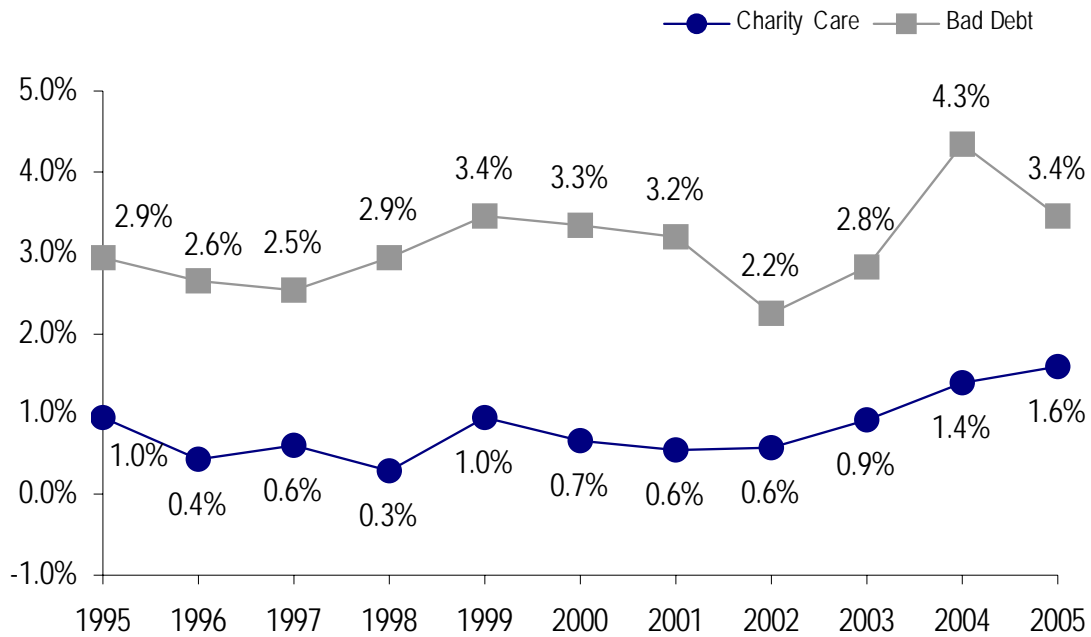
Data Source: Hospital Financials

Figure 5.07
Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon DRG
Hospitals, 1995-2005



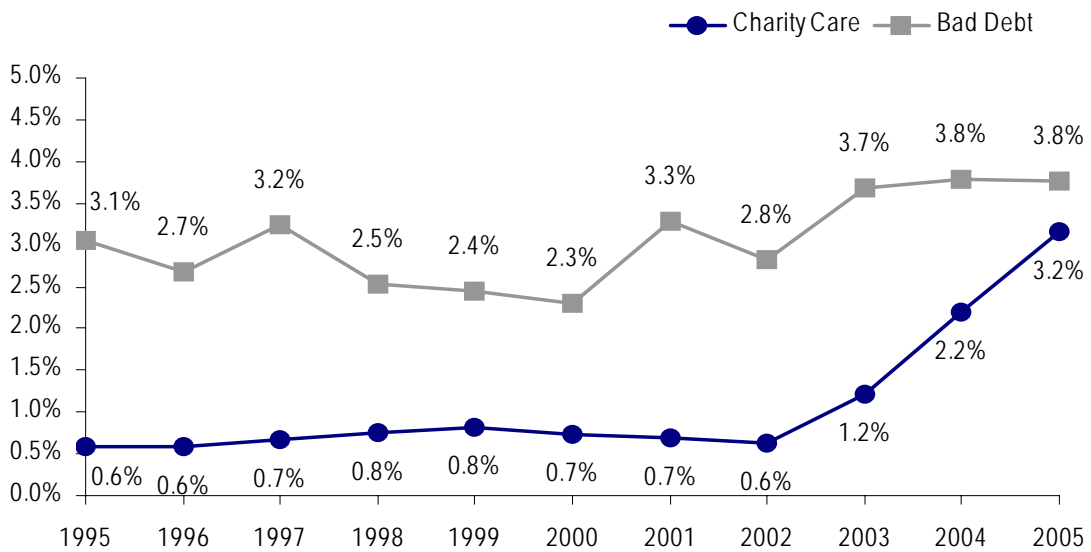
Kaiser hospitals are not included in this financial information
 Data Source: Hospital Financials

Figure 5.08
Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type A Hospitals, 1995-2005



Data Source: OHPR, Hospital Audited Financials, 1995-2005.

Figure 5.09
Uncompensated Care as Percent of Gross Patient Revenue (Median), Oregon Type B Hospitals, 1995-2005



Source: OHPR, Hospital Audited Financials, 1995-2005.

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 November 10, 2004, and OHPR stopped accepting changes on November 30, 2006. Forty-seven comments were received from seventeen hospitals, resulting in modifications to Databank or financial data. 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	MAP
URL [internet]				House District	
Address * Phone [State Licensure Office]					
Hospital Description				Top 10 DRGs by Volume (2005)	
>					
>					
Hospital Characteristics					
	2003	2005	% Change	(CY) [HDD]	
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 (2005)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)

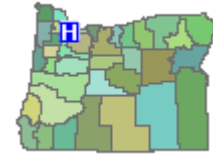
See Appendix IV for descriptions of Hospital Discharge Data, Hospital Survey Data, Databank Data, and Hospital Financials.

- 1) Non-Physician FTE/100 Adj Admissions=100*(Non-Physician FTE)/((Total inpatient admissions)*(Total gross patient revenue/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 = (Total Inpatient Days/365)/(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 = (Net Patient Revenue + Other Operating Revenue – Operating Expenses)/ (Net Patient Revenue + Other Operating Revenue)
- 5) Total Margin = (Net Patient Revenue + Other Operating Revenue – Operating Expenses + Net Non-Operating Revenue)/ (Net Patient Revenue + Other Operating Revenue + Net Non-Operating Revenue)
- 6) Total Uncompensated Care as % of GPR = (Charity Care + Bad Debt Expenses)/(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

Hospital Type: DRG

- ❖ Health System: Adventist Health System
- ❖ Critical Access Hospital: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 430 - Psychoses
- 2) 391 - Normal newborn
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 523 - Alcohol/drug abuse or dependence without rehabilitation therapy without CC
- 5) 371 - Cesarean section without CC
- 6) 500 - Back & neck procedures except spinal fusion without CC
- 7) 520 - Cervical spinal fusion without CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 426 - Depressive neuroses
- 10) 209 - Major joint & limb reattachment procedures of lower extremity

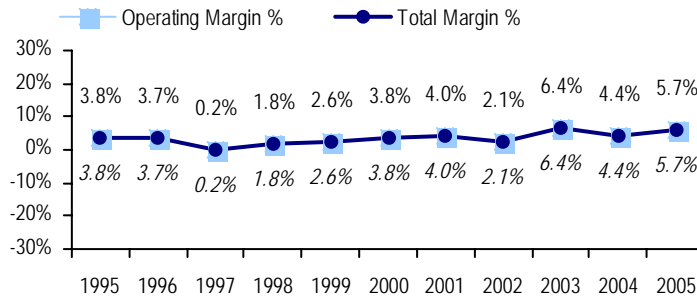
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	247	214	-13.4%
Total FTE Registered Nurses(RN)	359	379	5.3%
RN FTE/100 Adj Admissions	1.9	1.9	0.9%
Inpatient Hospital Discharges*	11,474	11,287	-1.6%
Acute Inpatient Days*	48,763	49,325	1.2%
Occupancy Rate	59.4%	53.4%	-10.1%
Average Length of Stay (days)*	4.2	4.4	4.8%
Outpatient Visits	318,382	324,645	2.0%
Gross Patient Revenue (\$millions)**	\$355.1	\$407.3	14.7%

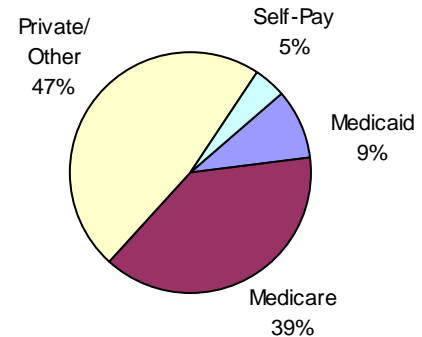
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



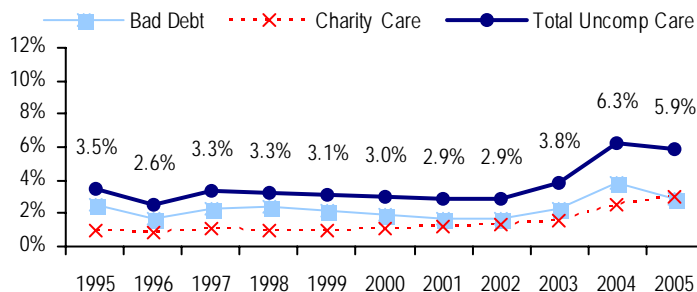
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

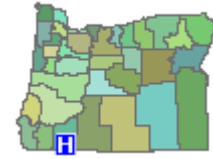
Ashland Community Hospital

www.ashlandhospital.org

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

Senate District 3

House District 05



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access Hospital: No
- ❖ Not-For-Profit Community Owned Corporation

Top 10 DRGs by Volume (2005)

- 1) 373 - Vaginal delivery without complicating diagnoses
- 2) 391 - Normal newborn
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 390 - Neonate with other significant problems
- 5) 500 - Back & neck procedures except spinal fusion without CC
- 6) 371 - Cesarean section without CC
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 370 - Cesarean Section with CC
- 9) 498 - Spinal fusion except cervical without CC
- 10) 127 - Heart failure and shock

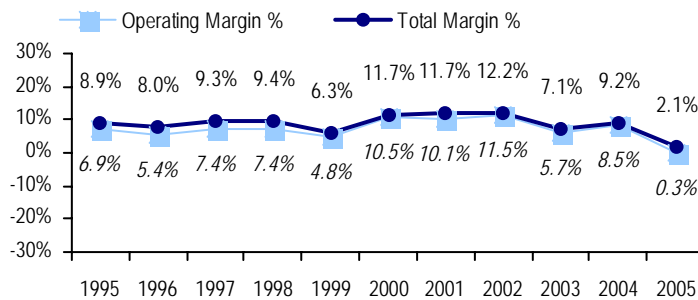
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	37	32	-13.5%
Total FTE Registered Nurses(RN)	86	91	5.5%
RN FTE/100 Adj Admissions	2.1	2.3	12.5%
Inpatient Hospital Discharges*	2,237	2,003	-10.5%
Acute Inpatient Days*	6,714	5,671	-15.5%
Occupancy Rate	49.7%	49.7%	0.0%
Average Length of Stay (days)*	3	2.8	-6.7%
Outpatient Visits	58,387	64,181	9.9%
Gross Patient Revenue (\$millions)**	\$64.5	\$69.1	7.1%

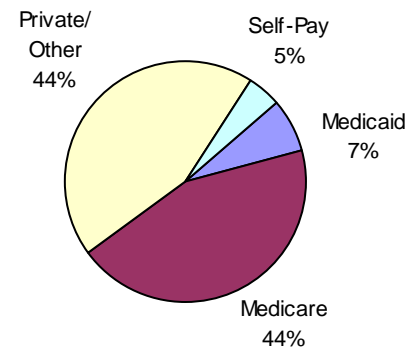
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



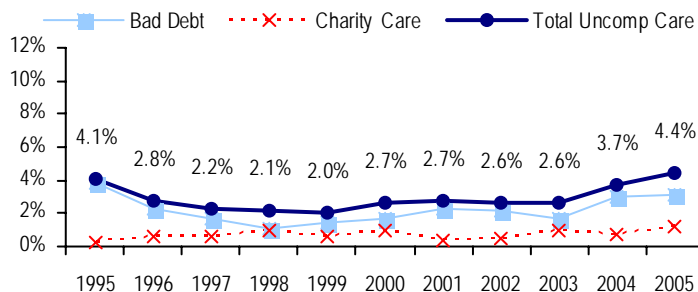
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



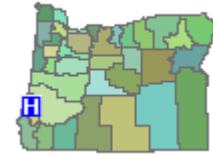
*Values displayed are for Total Uncompensated Care.

Bay Area Hospital

www.bavareahospital.org

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

Senate District 5
House District 09



Hospital Description

Hospital Type: DRG

- ❖ Health System: None
- ❖ Critical access Hospital: No
- ❖ Publicly Owned Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Psychoses
- 4) 127 - Heart failure and shock
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 143 - Intracranial hemorrhage or cerebral infraction - Chest pain
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 9) 088 - Chronic obstructive pulmonary disease
- 10) 014 - Intracranial hemorrhage or cerebral infraction

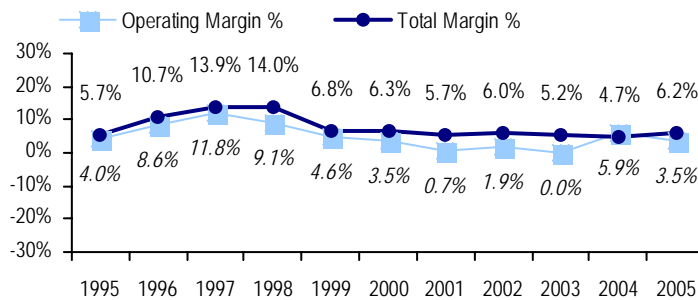
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	127	128	0.8%
Total FTE Registered Nurses(RN)	215	216	0.5%
RN FTE/100 Adj Admissions	1.7	1.8	-6.0%
Inpatient Hospital Discharges*	8,254	8,418	2.0%
Acute Inpatient Days*	29,600	31,550	6.6%
Occupancy Rate	67.3%	66.7%	-0.9%
Average Length of Stay (days)*	3.6	3.7	2.8%
Outpatient Visits	60,316	58,935	-2.3%
Gross Patient Revenue (\$millions)**	\$158.9	\$192.7	21.3%

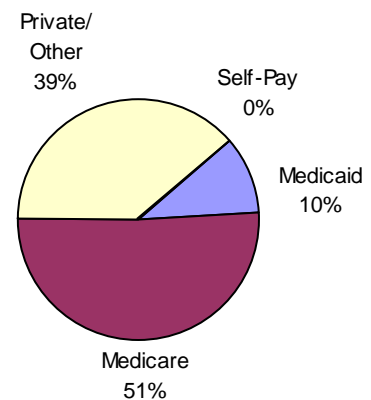
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



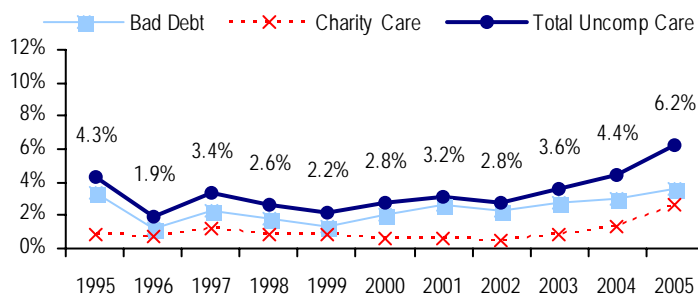
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

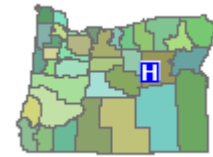


*Values displayed are for Total Uncompensated Care.

Blue Mountain Hospital

www.bluemountainhospital.org
 170 Ford Road, John Day, OR 97845 * (541) 575-1311

Senate District 30
 House District 59



Hospital Description

Hospital Type: Type A

- ❖ Health System: None
- ❖ Critical Access Hospital: Yes
- ❖ Not-For-Profit Supported by Blue Mountain Hospital District

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 088 - Chronic obstructive pulmonary disease
- 4) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 5) 371 - Cesarean section without CC
- 6) 259 - Subtotal Mastectomy for malignancy with CC
- 7) 181 - Gastrointestinal obstruction without CC
- 8) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 9) 277 - Non-malignant breast disorders
- 10) 204 - Disorders of pancreas except malignancy

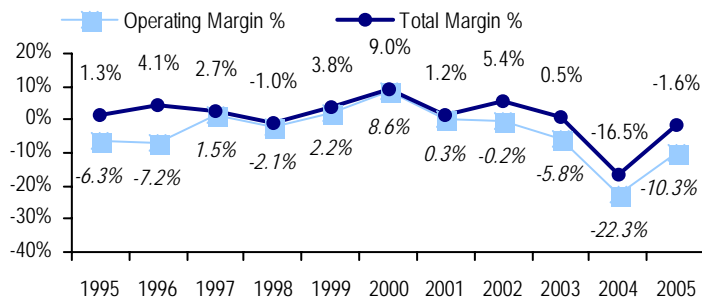
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	19	16	-15.8%
Total FTE Registered Nurses(RN)	19	22	13.6%
RN FTE/100 Adj Admissions	1.4	2.1	25.0%
Inpatient Hospital Discharges*	355	217	-38.9%
Acute Inpatient Days*	951	612	-35.6%
Occupancy Rate	13.8%	8.7%	-37.0%
Average Length of Stay (days)*	2.7	2.8	3.7%
Outpatient Visits	18,891	19,179	1.5%
Gross Patient Revenue (\$millions)**	\$9.8	\$9.8	0.0%

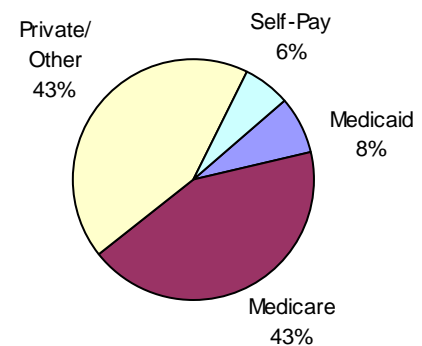
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



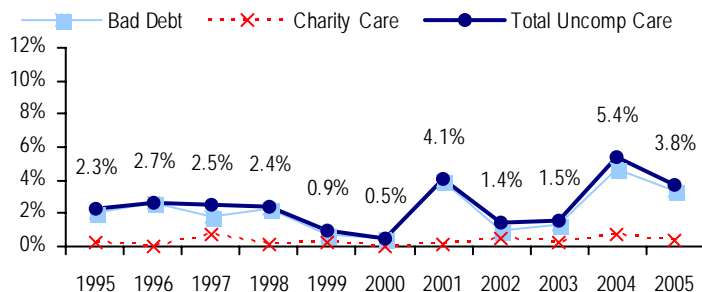
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

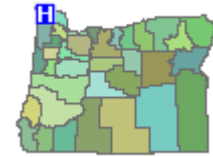
Columbia Memorial Hospital

www.columbiamemorial.org

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

Senate District 16

House District 31



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access Hospital: Yes
- ❖ Lutheran Affiliated, Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 088 - Chronic obstructive pulmonary disease
- 6) 494 - Laparoscopic cholecystectomy without common duct exploration, with CC
- 7) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 8) 127 - Heart failure and shock
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 10) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17 without CC

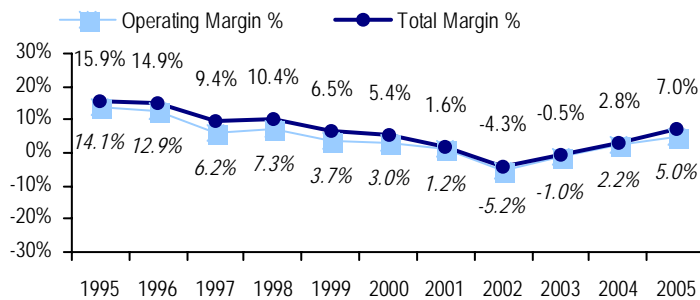
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	37	25	-32.4%
Total FTE Registered Nurses(RN)	45	69	34.8%
RN FTE/100 Adj Admissions	0.9	1.3	21.1%
Inpatient Hospital Discharges*	2,531	2,363	-6.6%
Acute Inpatient Days*	6,909	7,181	3.9%
Occupancy Rate	51.2%	78.7%	53.7%
Average Length of Stay (days)*	2.7	3.2	18.5%
Outpatient Visits	50,741	82,888	63.4%
Gross Patient Revenue (\$millions)**	\$44.6	\$57.1	28.0%

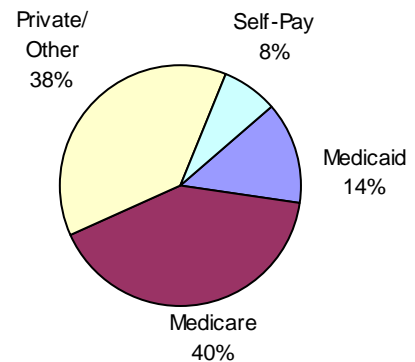
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



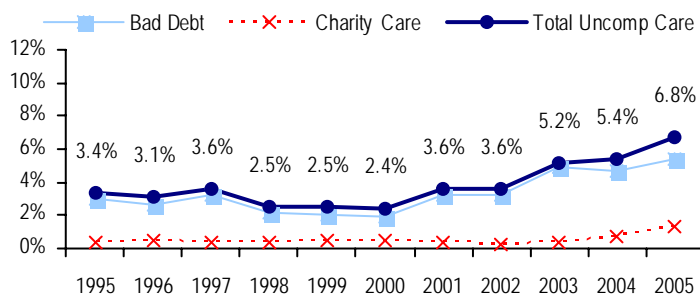
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

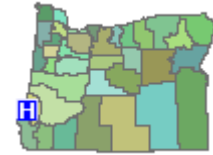


*Values displayed are for Total Uncompensated Care.

Coquille Valley Hospital

www.cvhospital.org
 940 E Fifth Avenue, Coquille, OR 97423 * (541) 396-3101

Senate District 1
 House District 01



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access Hospital: Yes
- ❖ Not-For-Profit Supported by Coquille Valley Hospital District

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 127 - Heart failure and shock
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 209 - Major joint & limb reattachment procedures of lower extremity
- 7) 148 - Major small & large bowel procedures with CC
- 8) 320 - Kidney & urinary tract infections age>17 with CC
- 9) 183 - Esophagitis, gastroenteritis & misc digestive disorders, age>17 without CC
- 10) 174 - Gastrointestinal hemorrhage with CC

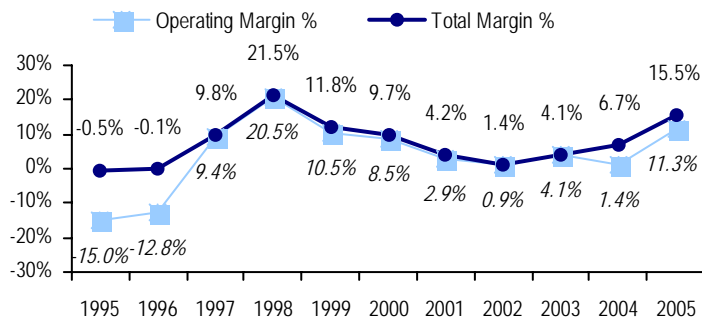
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	18	16	-11.1%
Total FTE Registered Nurses(RN)	10	18	44.4%
RN FTE/100 Adj Admissions	0.6	0.9	45.6%
Inpatient Hospital Discharges*	669	689	3.0%
Acute Inpatient Days*	1,607	1,939	20.7%
Occupancy Rate	25.2%	34.7%	37.7%
Average Length of Stay (days)*	2.4	2.8	16.7%
Outpatient Visits	18,086	18,237	0.8%
Gross Patient Revenue (\$millions)**	\$11.3	\$15.2	34.5%

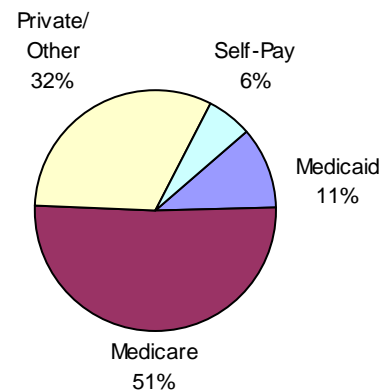
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



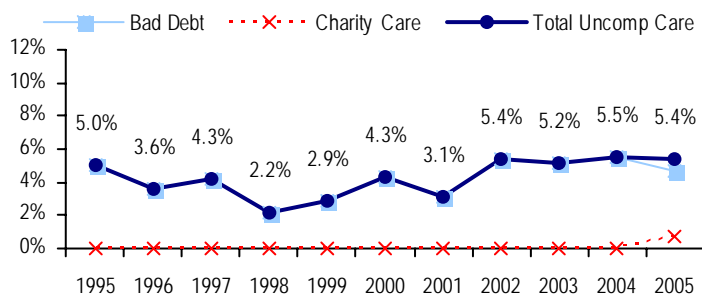
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

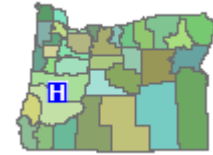
Cottage Grove Community Hospital

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

- ❖ Health System: PeaceHealth
- ❖ A Critical Access Hospital
- ❖ Not-For-Profit

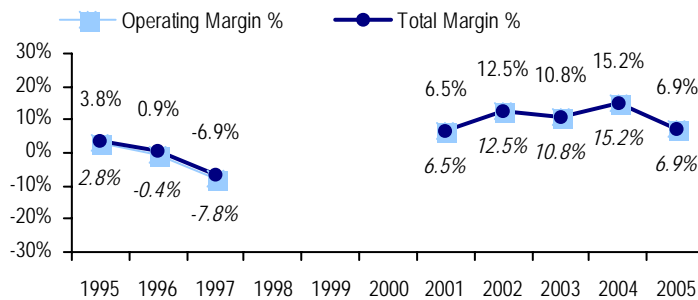
Top 10 DRGs by Volume (2005)

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	12	11	-8.3%
Total FTE Registered Nurses(RN)	15	19	21.1%
RN FTE/100 Adj Admissions	0.7	0.7	
Inpatient Hospital Discharges*		442	
Acute Inpatient Days*		1,233	
Occupancy Rate		30.4%	
Average Length of Stay (days)*		2.8	
Outpatient Visits	28,315	33,102	16.9%
Gross Patient Revenue (\$millions)**	\$9.6	\$14.4	50.0%

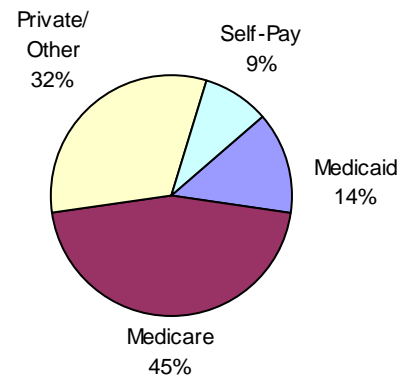
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



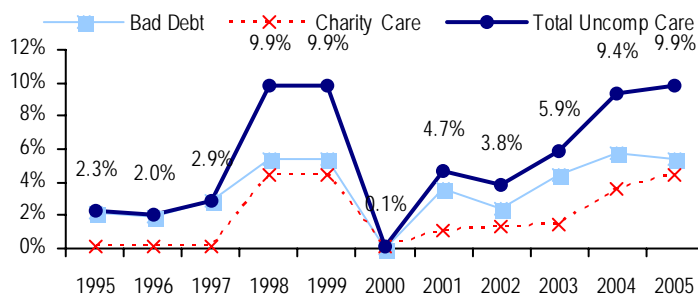
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



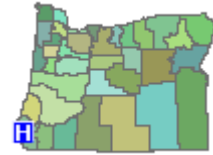
*Values displayed are for Total Uncompensated Care.

Note: Hospital closed in 1998, then re-opened in 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.

Curry General Hospital

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

Senate District 1
 House District 01



Hospital Description

Hospital Type: Type A

- ❖ Health System: None
- ❖ Critical Access Hospital: Yes
- ❖ A rural hospital operating in Gold Beach, Curry County, Oregon

Top 10 DRGs by Volume (2005)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 088 - Chronic obstructive pulmonary disease
- 3) 127 - Heart failure and shock
- 4) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 5) 320 - Kidney & urinary tract infections age>17 with CC
- 6) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 7) 180 - Gastrointestinal obstruction with CC
- 8) 204 - Disorders of pancreas except malignancy
- 9) 014 - Intracranial hemorrhage or cerebral infraction
- 10) 277 - Non-malignant breast disorders

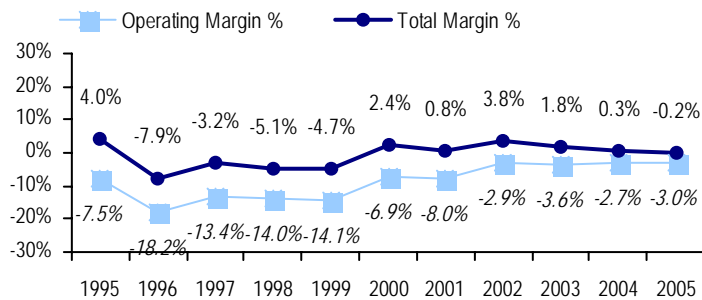
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	24	24	0.0%
Total FTE Registered Nurses(RN)	18	22	18.2%
RN FTE/100 Adj Admissions	0.6	0.7	-6.5%
Inpatient Hospital Discharges*	801	708	-11.6%
Acute Inpatient Days*	1,868	1,840	-1.5%
Occupancy Rate	21.3%	20.5%	-3.8%
Average Length of Stay (days)*	2.3	2.6	13.0%
Outpatient Visits	49,652	50,630	2.0%
Gross Patient Revenue (\$millions)**	\$12.4	\$18.1	46.0%

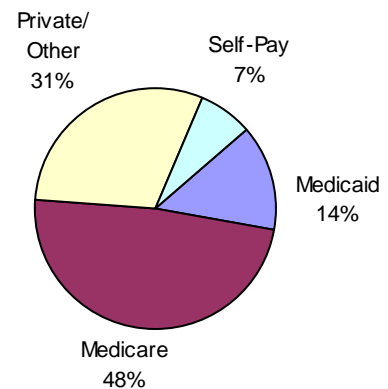
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



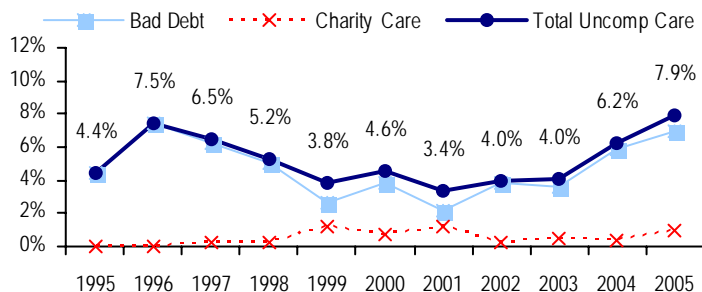
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

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

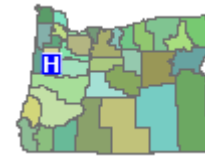
Good Samaritan Regional Medical Center (Corvallis)

www.samhealth.org/shs_facilities/gsrmc/

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

Senate District 8

House District 16



Hospital Description

Hospital Type: DRG

- ❖ Health System: Samaritan HealthCare Services
- ❖ Critical Access Hospital: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Psychoses
- 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) 500 - Back & neck procedures except spinal fusion without CC
- 8) 518 - Percutaneous cardiovascular procedures without coronary artery stent or AMI
- 9) 371 - Cesarean section without CC
- 10) 390 - Neonate with other significant problems

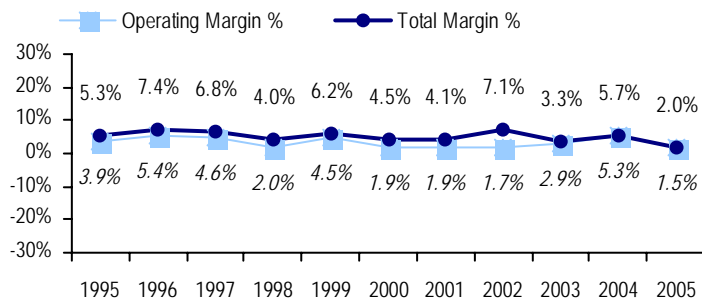
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	134	134	0.0%
Total FTE Registered Nurses(RN)	265	282	6.0%
RN FTE/100 Adj Admissions	1.9	2.1	4.0%
Inpatient Hospital Discharges*	9,140	8,658	-5.3%
Acute Inpatient Days*	34,423	34,782	1.0%
Occupancy Rate	70.4%	61.9%	-12.1%
Average Length of Stay (days)*	3.8	4	5.3%
Outpatient Visits	212,699	220,814	3.8%
Gross Patient Revenue (\$millions)**	\$234.5	\$284.2	21.2%

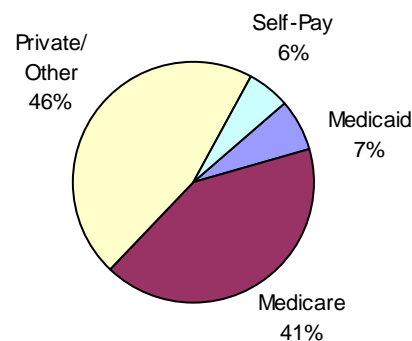
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



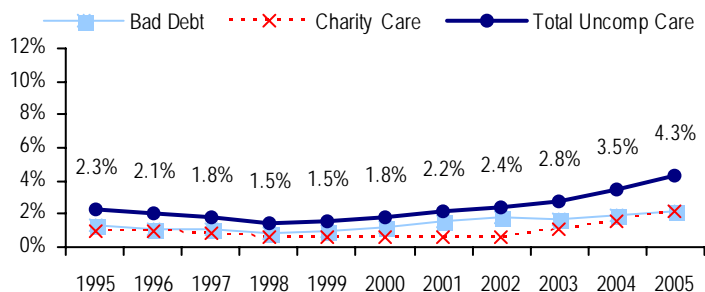
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

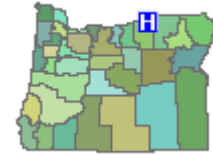
Good Shepherd Medical Center

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

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 167 - Appendectomy without complicated principal diagnosis without CC
- 6) 390 - Neonate with other significant problems
- 7) 372 - Cesarean section without CC
- 8) 370 - Cesarean Section with CC
- 9) 127 - Heart failure and shock
- 10) 174 - Gastrointestinal hemorrhage with CC

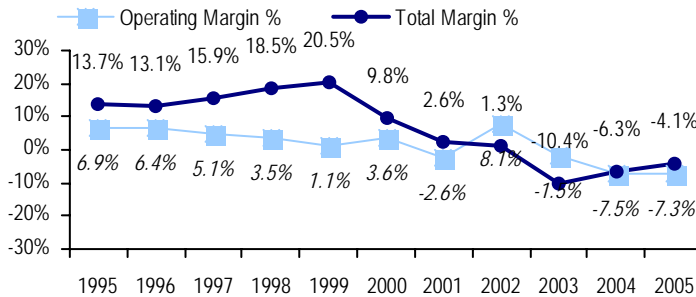
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	45	45	0.0%
Total FTE Registered Nurses(RN)	94	87	-8.0%
RN FTE/100 Adj Admissions	1.5	0.9	10.1%
Inpatient Hospital Discharges*	3,390	2,429	-28.3%
Acute Inpatient Days*	9,193	6,976	-24.1%
Occupancy Rate	56.0%	42.1%	-24.8%
Average Length of Stay (days)*	2.7	2.9	7.4%
Outpatient Visits	42,491	34,468	-18.9%
Gross Patient Revenue (\$millions)**	\$59.2	\$59.1	-0.2%

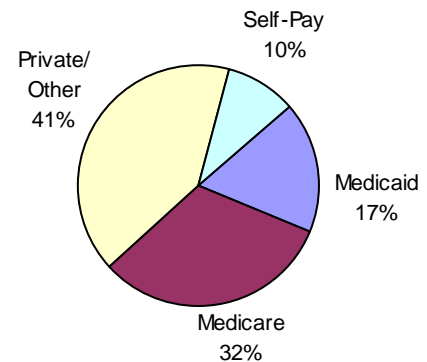
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



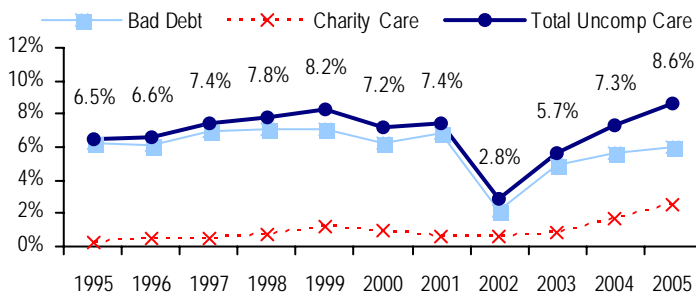
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

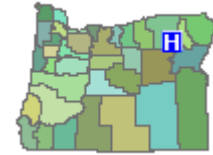
Grande Ronde Hospital

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

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 371 - Cesarean section without CC
- 7) 209 - Major joint & limb reattachment procedures of lower extremity
- 8) 132 - Atherosclerosis with CC
- 9) 138 - Cardiac Arrhythmia & conduction disorders with CC
- 10) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17 without CC

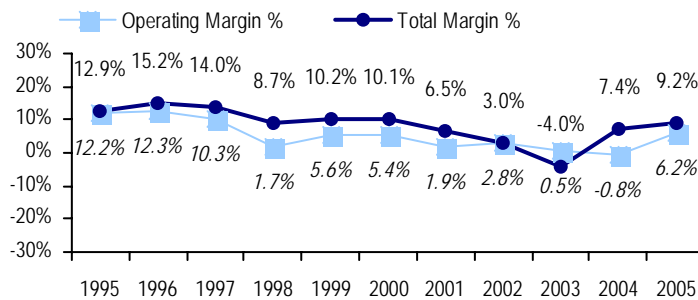
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	49	25	-49.0%
Total FTE Registered Nurses(RN)	70	67	-4.5%
RN FTE/100 Adj Admissions	1.4	1.5	5.2%
Inpatient Hospital Discharges*	2,667	2,260	-15.3%
Acute Inpatient Days*	7,620	6,767	-11.2%
Occupancy Rate	42.6%	73.2%	71.8%
Average Length of Stay (days)*	2.9	3	3.4%
Outpatient Visits	47,113	49,201	4.4%
Gross Patient Revenue (\$millions)**	\$44.3	\$45.1	1.8%

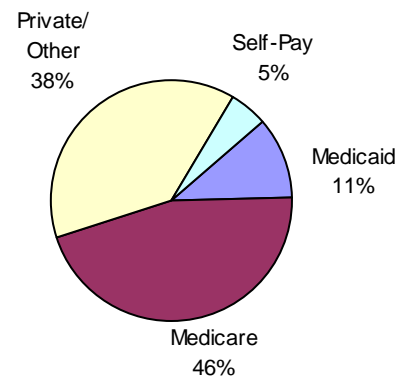
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



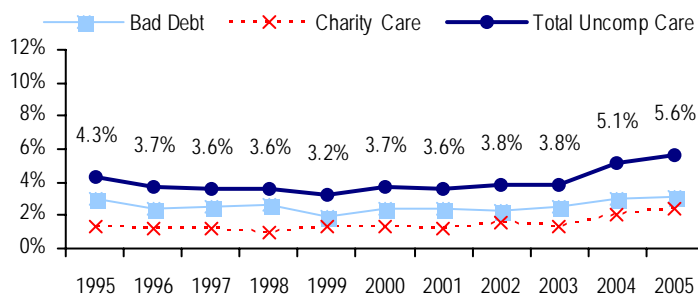
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

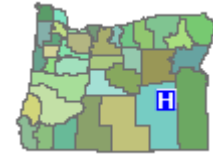
Harney District Hospital

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

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit Supported by Harney County Hospital; Publicly Owned and Operated District Hospital

Top 10 DRGs by Volume (2005)

- 1) 088 - Chronic obstructive pulmonary disease
- 2) 391 - Normal newborn
- 3) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 4) 143 - Chest pain
- 5) 127 - Heart failure and shock
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 373 - Vaginal delivery without complicating diagnoses
- 8) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 9) 138 - Cardiac Arrhythmia & conduction disorders with CC
- 10) 014 - Intracranial hemorrhage or cerebral infraction⁴

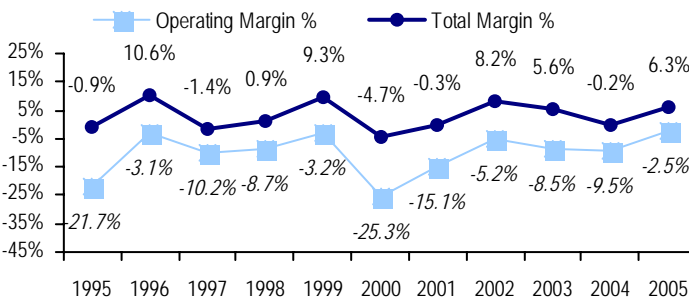
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	27	25	-7.4%
Total FTE Registered Nurses(RN)	14	23	39.1%
RN FTE/100 Adj Admissions	0.8	1.3	46.8%
Inpatient Hospital Discharges*	757	697	-7.9%
Acute Inpatient Days*	1,677	1,800	7.3%
Occupancy Rate	17.1%	19.4%	13.5%
Average Length of Stay (days)*	2.2	2.6	18.2%
Outpatient Visits	24,240	18,813	-22.4%
Gross Patient Revenue (\$millions)**	\$8.9	\$11.2	25.8%

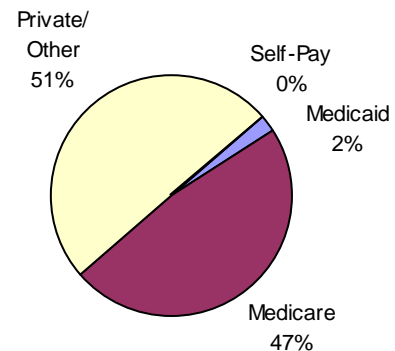
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



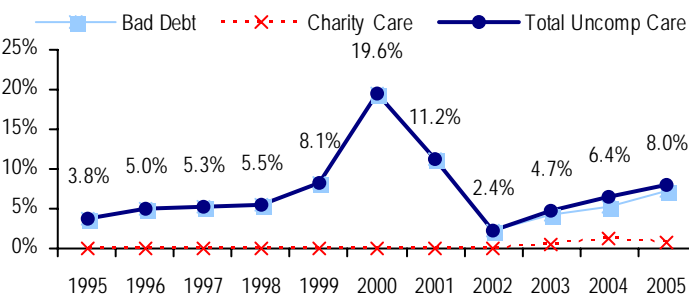
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

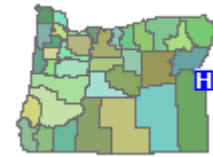


*Values displayed are for Total Uncompensated Care.

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

- ❖ Health System: Catholic Health Initiatives
- ❖ Critical Access Hospital: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 174 - Gastrointestinal hemorrhage with CC
- 8) 127 - Heart failure and shock
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 10) 088 - Chronic obstructive pulmonary disease

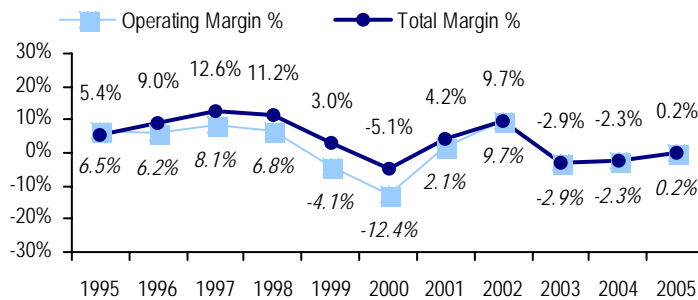
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	55	49	-10.9%
Total FTE Registered Nurses(RN)	64	78	17.9%
RN FTE/100 Adj Admissions	0.9	1.2	22.6%
Inpatient Hospital Discharges*	4,254	2,970	-30.2%
Acute Inpatient Days*	11,693	8,915	-23.8%
Occupancy Rate	58.0%	49.3%	-15.0%
Average Length of Stay (days)*	2.7	3	11.1%
Outpatient Visits	56,840	68,307	20.2%
Gross Patient Revenue (\$millions)**	\$76.1	\$88.0	15.6%

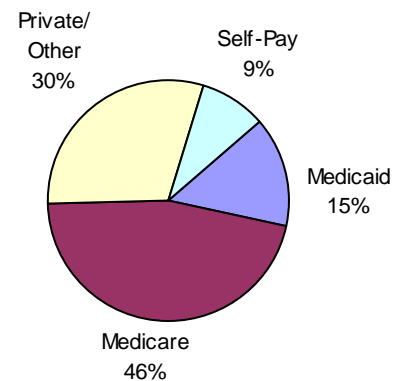
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



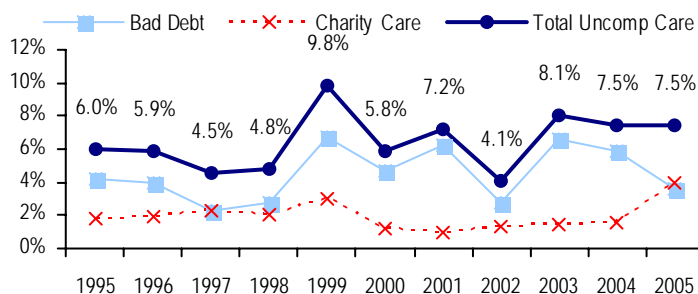
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

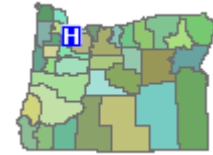
Kaiser Sunnyside Medical Center

www.kaiserpermanente.org

10108 SE Sunnyside Road, Clackamas, OR 97015 * (503) 652-2880

Senate District 20

House District 40



Hospital Description

Hospital Type: DRG

- ❖ Health System: Kaiser Foundation
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 127 - Heart failure and shock
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 371 - Cesarean section without CC
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 9) 143 - Intracranial hemorrhage or cerebral infraction - Chest pain
- 10) 088 - Chronic obstructive pulmonary disease

Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	185	182	-1.6%
Total FTE Registered Nurses(RN)	441	538	18.0%
RN FTE/100 Adj Admissions			
Inpatient Hospital Discharges*	14,238	13,281	-6.7%
Acute Inpatient Days*	51,055	52,718	3.3%
Occupancy Rate	76.3%	77.8%	2.0%
Average Length of Stay (days)*	3.6	3.8	5.6%
Outpatient Visits	90,589	108,547	19.8%
Gross Patient Revenue (\$millions)**			

*Includes newborns **Adjusted for inflation to 2005 dollars

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.

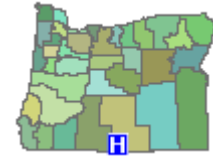
Lake District Hospital

www.lake-health.com

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

Senate District 28

House District 55



Hospital Description

Hospital Type: Type A

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit Supported by Lake County Health District

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 89 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 88 - Chronic obstructive pulmonary disease
- 5) 127 - Heart failure and shock
- 6) 143 - Chest Pain
- 7) 140 - Angina Pectoris
- 8) 243 - 243 - Medical back problems
- 9) 423 - 423 - Viral illness & fever of unknown origin age 0-17
- 10) 182 - 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC

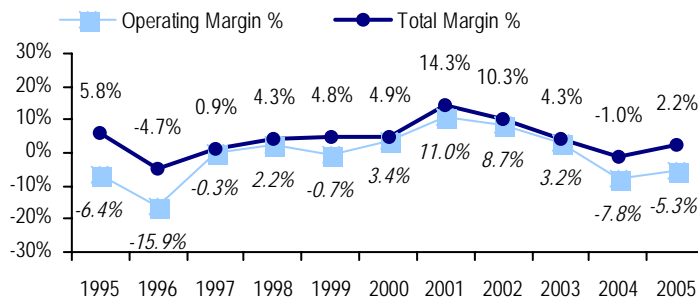
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	15	15	0.0%
Total FTE Registered Nurses(RN)	24	24	0.0%
RN FTE/100 Adj Admissions	1.7	1.3	-4.3%
Inpatient Hospital Discharges*	584	604	3.4%
Acute Inpatient Days*	1,509	1,603	6.2%
Occupancy Rate	27.6%	28.9%	4.7%
Average Length of Stay (days)*	2.6	2.7	3.8%
Outpatient Visits	17,705	23,252	31.3%
Gross Patient Revenue (\$millions)**	\$11.5	\$12.8	11.3%

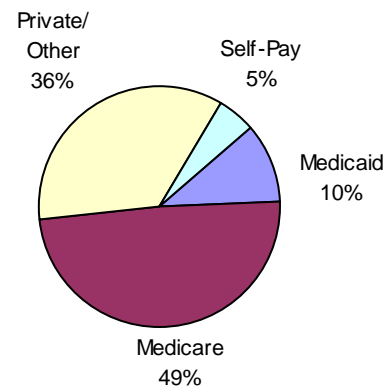
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



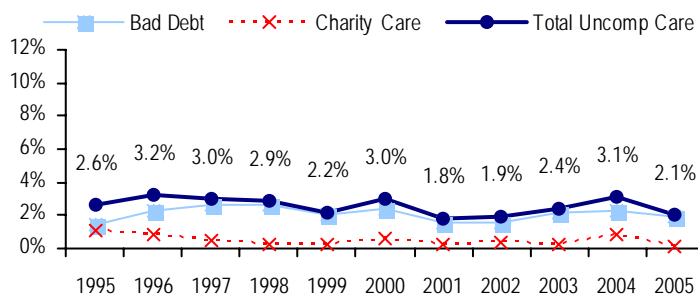
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

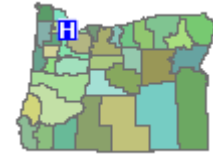


*Values displayed are for Total Uncompensated Care.

Legacy Emanuel Hospital

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

Senate District 22
 House District 43



Hospital Description

Hospital Type: DRG

- ❖ Health System: Legacy Health System
- ❖ Critical Access: No
- ❖ One of Two Level I Trauma Centers In The Region
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 430 - Psychoses
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 371 - Cesarean section without CC
- 5) 098 - Bronchitis & asthma age 0-17
- 6) 390 - Neonate with other significant problems
- 7) 091 - Simple pneumonia & pleurisy age 0-17
- 8) 298 - Nutritional & misc metabolic disorders age 0-17
- 9) 388 - Prematurity with major problems
- 10) 386 - Neonates, died or transferred to another acute care facility

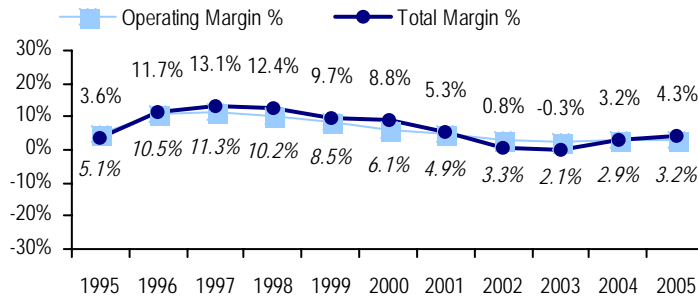
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	377	402	6.6%
Total FTE Registered Nurses(RN)	1027	1059	3.0%
RN FTE/100 Adj Admissions	3.6	4.0	-0.1%
Inpatient Hospital Discharges*	20,483	19,300	-5.8%
Acute Inpatient Days*	105,400	105,511	0.1%
Occupancy Rate	76.6%	72.1%	-5.9%
Average Length of Stay (days)*	5.1	5.5	7.8%
Outpatient Visits	220,073	214,052	-2.7%
Gross Patient Revenue (\$millions)**	\$620.8	\$733.6	18.2%

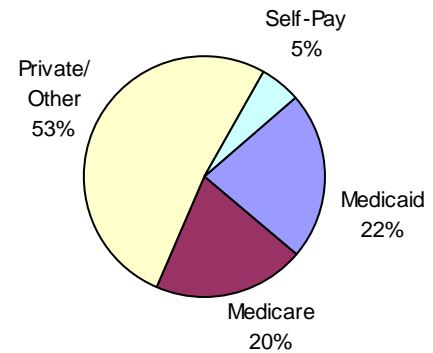
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



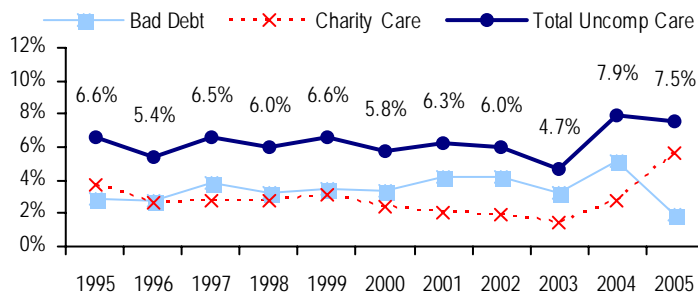
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

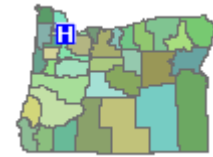
Legacy Good Samaritan Hospital and Medical Center

www.legacyhealth.org

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

Senate District 17

House District 33



Hospital Description

Hospital Type: DRG

- ❖ Health System: Legacy Health System
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 430 - Psychoses
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 500 - Back & neck procedures except spinal fusion without CC
- 5) 462 - Normal newborn
- 6) 527 - Percutaneous cardiovascular procedure with drug eluting stent without AMI
- 7) 371 - Cesarean section without CC
- 8) 209 - Major joint & limb reattachment procedures of lower extremity
- 9) 288 - Chronic obstructive pulmonary disease
- 10) 143 - Chest pain

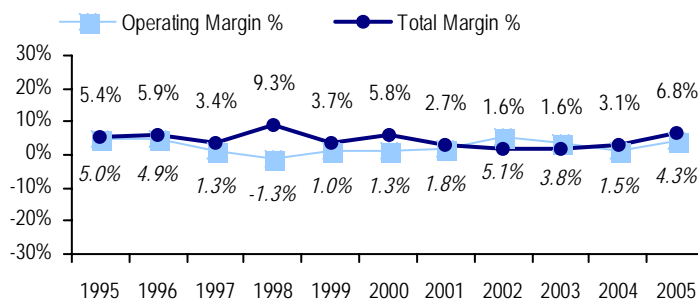
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	275	272	-1.1%
Total FTE Registered Nurses(RN)	476	430	-10.7%
RN FTE/100 Adj Admissions	2.3	2.1	-9.4%
Inpatient Hospital Discharges*	14,272	14,523	1.8%
Acute Inpatient Days*	61,318	66,094	7.8%
Occupancy Rate	61.1%	65.8%	7.7%
Average Length of Stay (days)*	4.3	4.6	7.0%
Outpatient Visits	206,183	191,491	-7.1%
Gross Patient Revenue (\$millions)**	\$365.9	\$394.4	7.8%

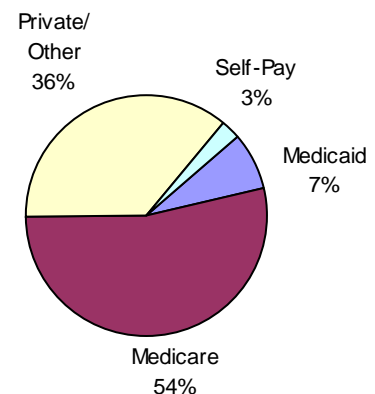
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



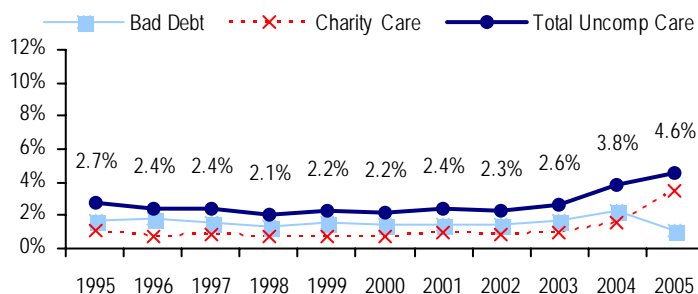
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

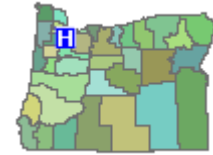
Legacy Meridian Park Hospital

www.legacyhealth.org

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

Senate District 19

House District 37



Hospital Description

Hospital Type: DRG

- ❖ Health System: Legacy Health System
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 127 - Heart failure and shock
- 7) 014 - Intracranial hemorrhage or cerebral infraction
- 8) 174 - Gastrointestinal hemorrhage with CC
- 9) 500 - Back & neck procedures except spinal fusion without CC
- 10) 544 - Major joint replacement or reattachment of the lower extremity - Major joint replacement or reattachment of the lower extremity

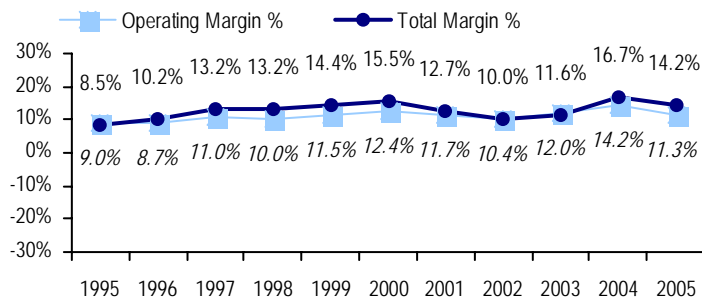
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	133	133	0.0%
Total FTE Registered Nurses(RN)	245	244	-0.4%
RN FTE/100 Adj Admissions	1.7	1.8	5.1%
Inpatient Hospital Discharges*	8,705	7,968	-8.5%
Acute Inpatient Days*	27,619	28,112	1.8%
Occupancy Rate	56.9%	57.6%	1.2%
Average Length of Stay (days)*	3.2	3.5	9.4%
Outpatient Visits	121,836	130,161	6.8%
Gross Patient Revenue (\$millions)**	\$169.2	\$191.4	13.1%

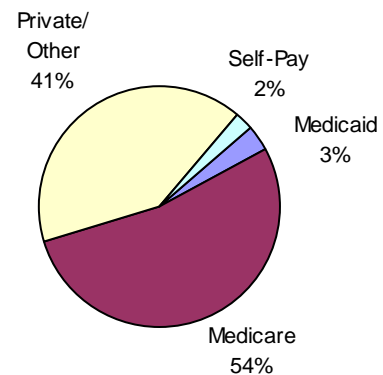
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



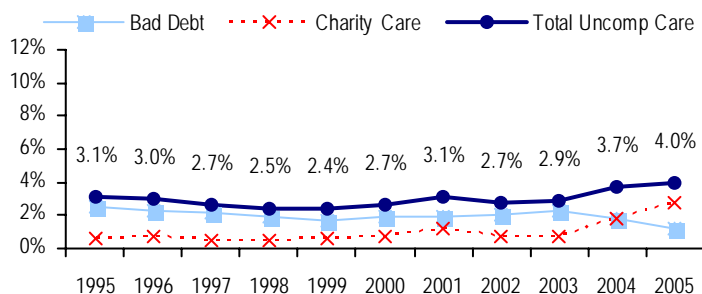
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

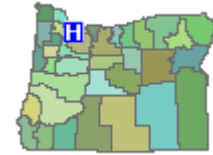
Legacy Mt. Hood Medical Center

www.legacyhealth.org

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

Senate District 25

House District 49



Hospital Description

Hospital Type: DRG

- ❖ Health System: Legacy Health System
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 143 - Chest pain
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 127 - Heart failure and shock
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 390 - Neonate with other significant problems
- 10) 209 - Major joint & limb reattachment procedures of lower extremity

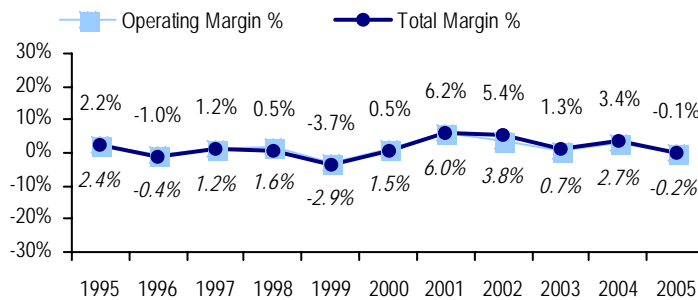
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	64	80	25.0%
Total FTE Registered Nurses(RN)	164	178	7.9%
RN FTE/100 Adj Admissions	2.0	2.0	-3.1%
Inpatient Hospital Discharges*	5,345	5,610	5.0%
Acute Inpatient Days*	16,458	18,062	9.7%
Occupancy Rate	70.5%	61.1%	-13.3%
Average Length of Stay (days)*	3.1	3.2	3.2%
Outpatient Visits	90,482	104,296	15.3%
Gross Patient Revenue (\$millions)**	\$93.1	\$118.5	27.3%

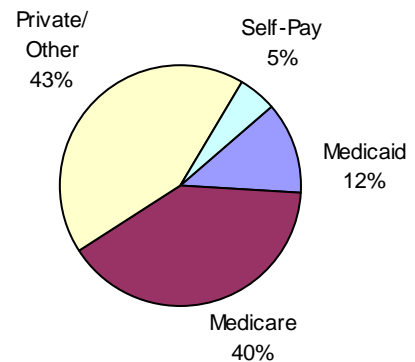
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



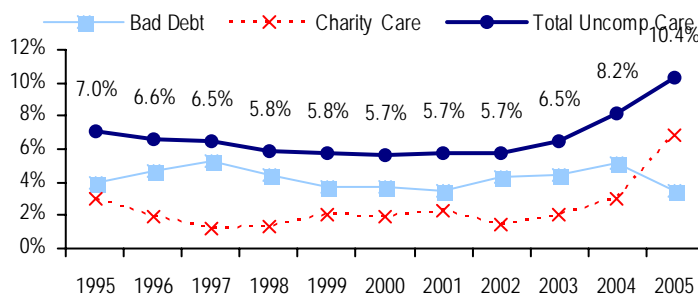
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

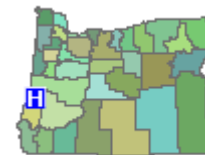


*Values displayed are for Total Uncompensated Care.

Lower Umpqua Hospital

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

Senate District 5
House District 09



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit Supported by Lower Umpqua Hospital District,

Top 10 DRGs by Volume (2005)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 127 - Heart failure and shock
- 3) 088 - Chronic obstructive pulmonary disease
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 6) 138 - Cardiac Arrhythmia & conduction disorders with CC
- 7) 174 - Gastrointestinal hemorrhage with CC
- 8) 148 - Major small & large bowel procedures with CC
- 9) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 10) 155 - Stomach, esophageal & duodenal procedures age>17 w/o CC

Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

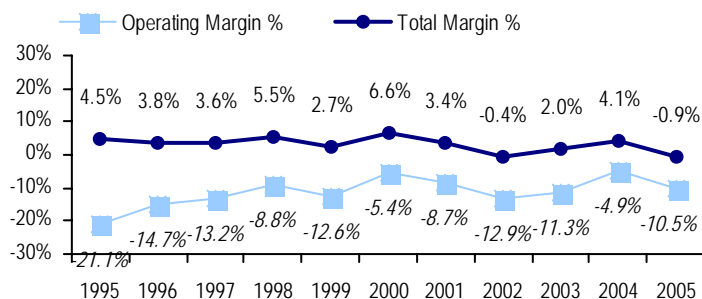
Hospital Characteristics

	2003	2005	% Change
Staffed Beds	14	49	250.0%
Total FTE Registered Nurses(RN)	28	24	-16.7%
RN FTE/100 Adj Admissions	1.0	0.3	-16.2%
Inpatient Hospital Discharges*	512	608	18.8%
Acute Inpatient Days*	1,726	2,040	18.2%
Occupancy Rate	33.8%	39.4%	16.6%
Average Length of Stay (days)*	3.4	3.4	0.0%
Outpatient Visits	18,975	22,399	18.0%
Gross Patient Revenue (\$millions)**	\$17.2	\$21.7	26.2%

*Includes newborns **Adjusted for inflation to 2005 dollars

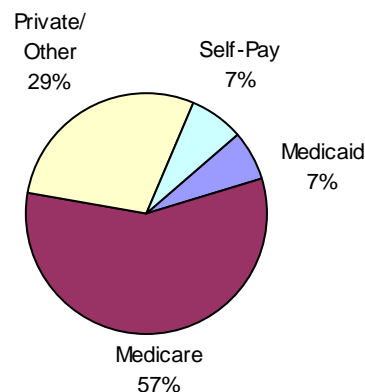
Internal hospital records show 20,715 outpatient visits.

Operating Margin and Total Margin*



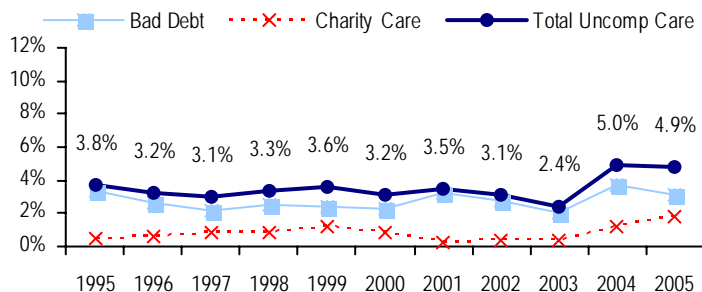
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



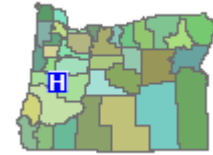
*Values displayed are for Total Uncompensated Care.

McKenzie-Willamette Medical Center

www.mckweb.com

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

Senate District 6
House District 12



Hospital Description

Hospital Type: DRG

- ❖ Health System: Triad Health
- ❖ Critical Access: Yes
- ❖ Level III Trauma Center
- ❖ For Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 416 - Septicemia age>17
- 7) 127 - Heart failure and shock
- 8) 500 - Back & neck procedures except spinal fusion without CC
- 9) 088 - Chronic obstructive pulmonary disease
- 10) 390 - Neonate with other significant problems

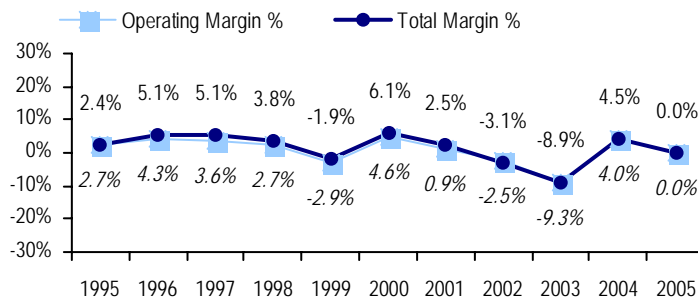
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	106	105	-0.9%
Total FTE Registered Nurses(RN)	156	124	-25.8%
RN FTE/100 Adj Admissions	1.6	1.2	-24.0%
Inpatient Hospital Discharges*	6,762	6,516	-3.6%
Acute Inpatient Days*	21,907	21,541	-1.7%
Occupancy Rate	52.6%	55.7%	5.9%
Average Length of Stay (days)*	3.2	3.3	3.1%
Outpatient Visits	160,194	170,663	6.5%
Gross Patient Revenue (\$millions)**	\$127.2	\$134.0	5.3%

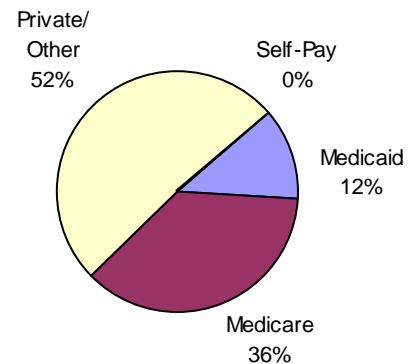
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



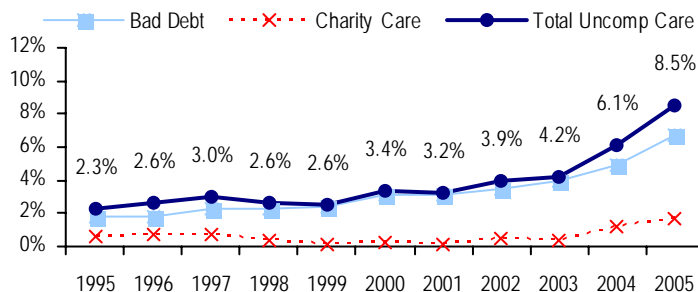
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



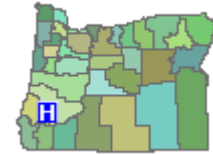
*Values displayed are for Total Uncompensated Care.

Mercy Medical Center

www.mercyrose.org

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

Senate District 1
House District 02



Hospital Description

Hospital Type: DRG

- ❖ Health System: Catholic Health Initiatives
- ❖ Critical Access: No
- ❖ Level III Trauma Center
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 430 - Psychoses
- 2) 391 - Normal newborn
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 127 - Heart failure and shock
- 5) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 6) 143 - Intracranial hemorrhage or cerebral infraction - Chest pain
- 7) 371 - Cesarean section without CC
- 8) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 9) 088 - Chronic obstructive pulmonary disease
- 10) 416 - Septicemia age>17

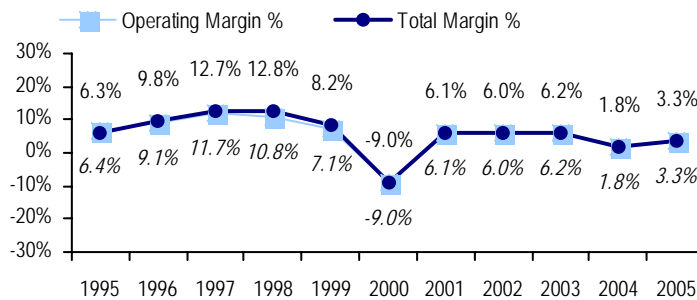
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	153	151	-1.3%
Total FTE Registered Nurses(RN)	242	230	-5.2%
RN FTE/100 Adj Admissions	1.4	1.3	0.2%
Inpatient Hospital Discharges*	10,564	9,693	-8.2%
Acute Inpatient Days*	39,917	38,276	-4.1%
Occupancy Rate	73.4%	68.1%	-7.2%
Average Length of Stay (days)*	3.8	3.9	2.6%
Outpatient Visits	215,775	225,203	4.4%
Gross Patient Revenue (\$millions)**	\$232.8	\$298.2	28.1%

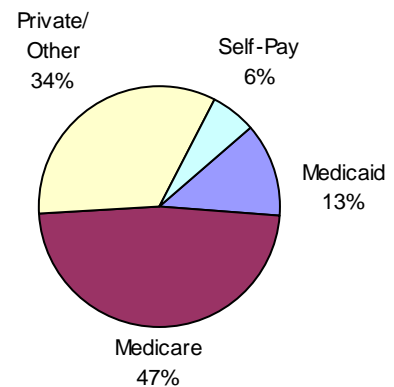
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



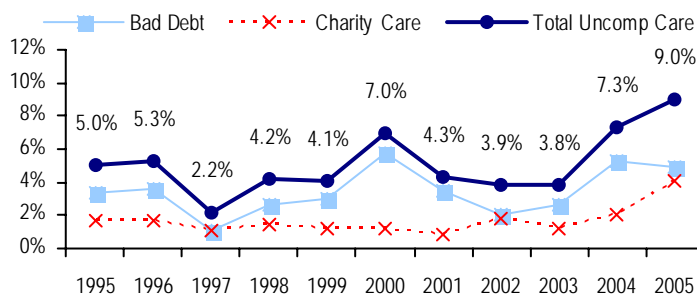
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

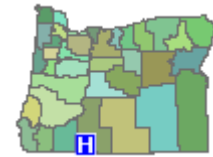
Merle West Medical Center

www.mwmc.org

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

Senate District 28

House District 56



Hospital Description

Hospital Type: DRG

- ❖ Health System: None
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 127 - Heart failure and shock
- 7) 088 - Chronic obstructive pulmonary disease
- 8) 125 - Circulatory disorders except AMI, with cardiac catheterization and without CC
- 9) 143 - Chest pain
- 10) 390 - Neonate with other significant problems

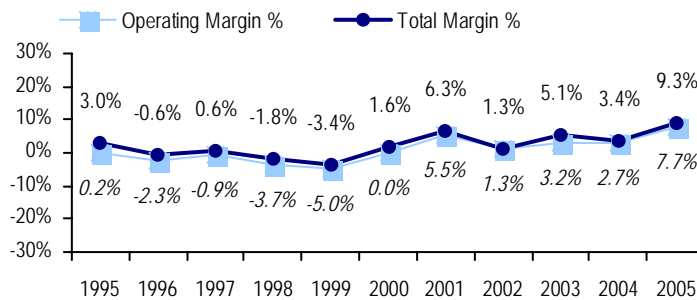
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	133	128	-3.8%
Total FTE Registered Nurses(RN)	158	170	7.1%
RN FTE/100 Adj Admissions	1.3	1.3	2.1%
Inpatient Hospital Discharges*	7,397	7,154	-3.3%
Acute Inpatient Days*	25,125	25,043	-0.3%
Occupancy Rate	52.5%	58.6%	11.6%
Average Length of Stay (days)*	3.4	3.5	2.9%
Outpatient Visits	199,926	221,861	11.0%
Gross Patient Revenue (\$millions)**	\$156.4	\$227.7	45.6%

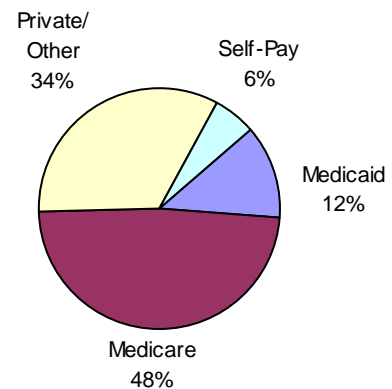
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



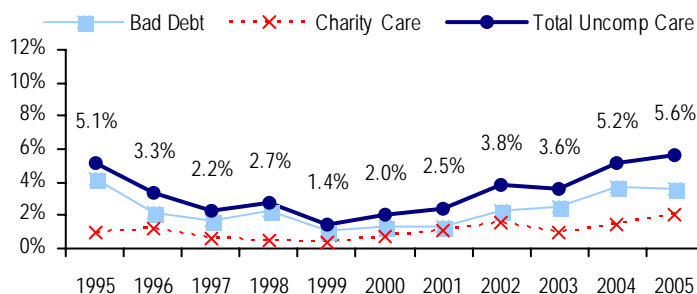
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

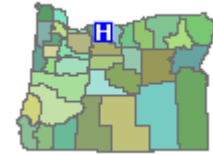
Mid-Columbia Medical Center

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

- ❖ Health System: None
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 088 - Chronic obstructive pulmonary disease
- 5) 371 - Cesarean section without CC
- 6) 127 - Heart failure and shock
- 7) 209 - Major joint & limb reattachment procedures of lower extremity
- 8) 014 - Intracranial hemorrhage or cerebral infraction
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 138 - Cardiac Arrhythmia & conduction disorders with CC

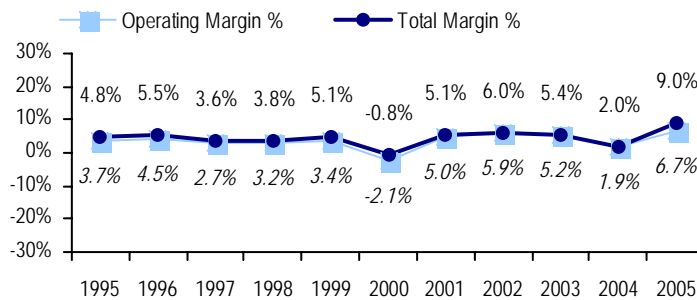
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	49	49	0.0%
Total FTE Registered Nurses(RN)	72	93	22.6%
RN FTE/100 Adj Admissions	1.1	1.4	22.1%
Inpatient Hospital Discharges*	2,866	2,452	-14.4%
Acute Inpatient Days*	9,326	8,168	-12.4%
Occupancy Rate	52.1%	45.3%	-13.1%
Average Length of Stay (days)*	3.3	3.3	0.0%
Outpatient Visits	99,814	115,491	15.7%
Gross Patient Revenue (\$millions)**	\$98.9	\$113.5	14.8%

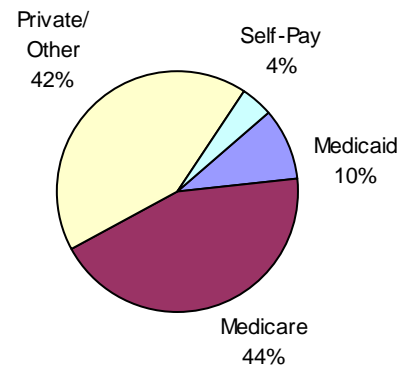
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



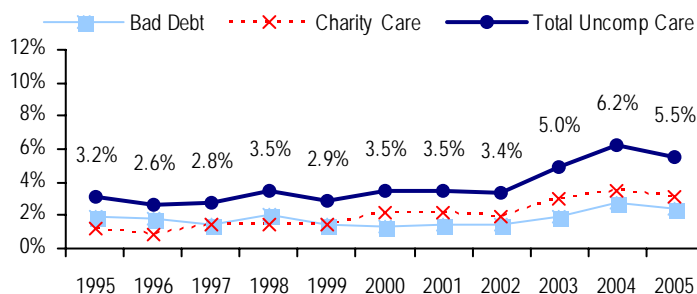
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

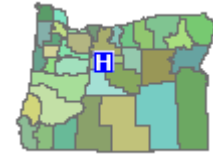
Mountain View Hospital

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

- ❖ Health System: None
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 127 - Heart failure and shock
- 6) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 7) 390 - Neonate with other significant problems
- 8) 088 - Chronic obstructive pulmonary disease
- 9) 174 - Gastrointestinal hemorrhage with CC
- 10) 416 - Septicemia age>17

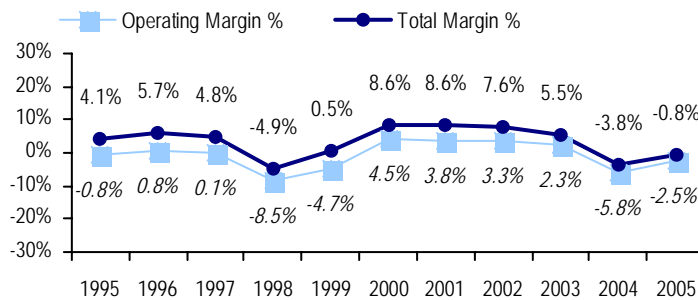
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	31	30	-3.2%
Total FTE Registered Nurses(RN)	47	49	4.1%
RN FTE/100 Adj Admissions	1.9	2.1	7.4%
Inpatient Hospital Discharges*	1,273	1,128	-11.4%
Acute Inpatient Days*	3,074	3,107	1.1%
Occupancy Rate	27.2%	27.2%	0.0%
Average Length of Stay (days)*	2.4	2.8	16.7%
Outpatient Visits	28,622	26,322	-8.0%
Gross Patient Revenue (\$millions)**	\$17.2	\$20.6	19.8%

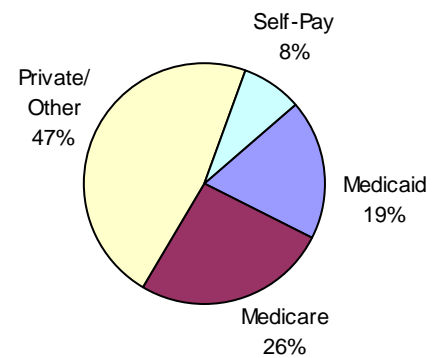
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



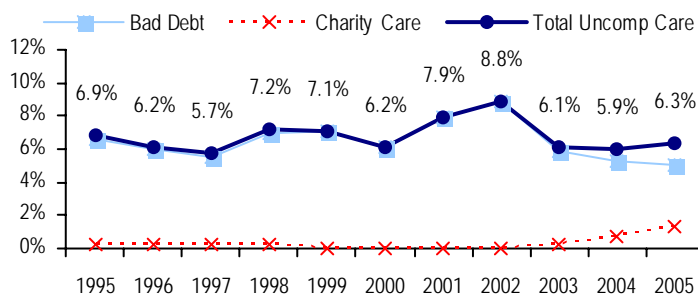
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

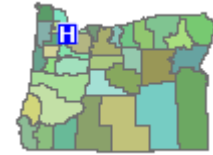
OHSU Hospital

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

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ One of Two Level I Trauma Centers in Region
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 410 - Chemotherapy without acute leukemia as secondary diagnosis
- 4) 371 - Cesarean section without CC
- 5) 430 - Psychoses
- 6) 390 - Neonate with other significant problems
- 7) 372 - Cesarean section without CC
- 8) 370 - Cesarean Section with CC
- 9) 209 - Major joint & limb reattachment procedures of lower extremity
- 10) 388 - Prematurity with major problems

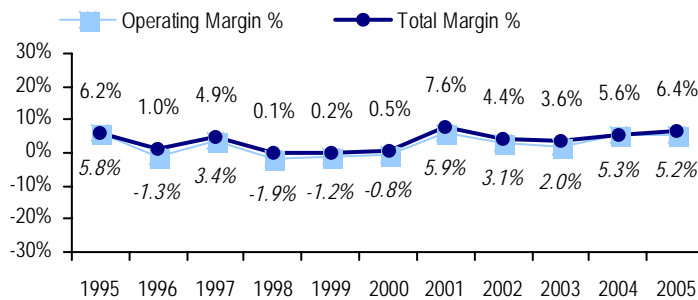
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	447	442	-1.1%
Total FTE Registered Nurses(RN)	1082	1044	-3.6%
RN FTE/100 Adj Admissions	2.9	2.7	-12.3%
Inpatient Hospital Discharges*	26,420	26,088	-1.3%
Acute Inpatient Days*	134,935	131,983	-2.2%
Occupancy Rate	82.7%	80.9%	-2.2%
Average Length of Stay (days)*	5.1	5.1	0.0%
Outpatient Visits	608,646	608,341	-0.1%
Gross Patient Revenue (\$millions)**	\$1,008.0	\$1,176.3	16.7%

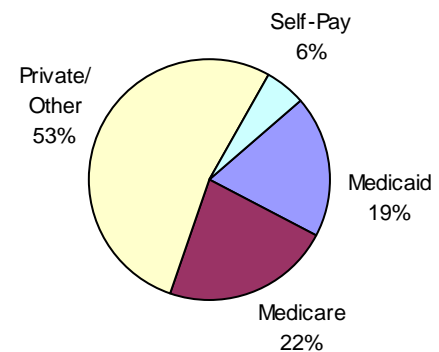
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



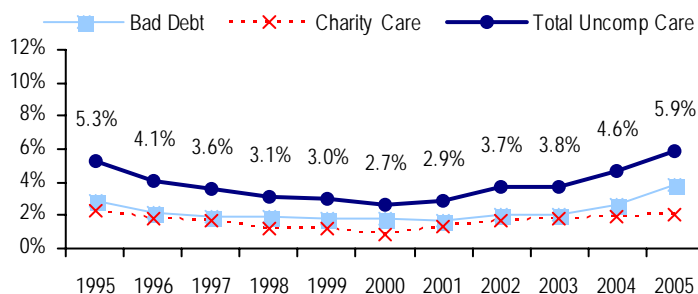
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



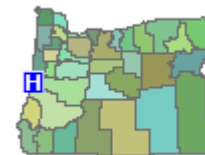
*Values displayed are for Total Uncompensated Care.

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

Hospital Type: Type B

- ❖ Health System: PeaceHealth
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 143 - Chest pain
- 3) 088 - Chronic obstructive pulmonary disease
- 4) 127 - Heart failure and shock
- 5) 320 - Kidney & urinary tract infections age>17 with CC
- 6) 391 - Normal newborn
- 7) 209 - Major joint & limb reattachment procedures of lower extremity
- 8) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 9) 373 - Vaginal delivery without complicating diagnoses
- 10) 494 - Laparoscopic cholecystectomy without common duct exploration, with CC

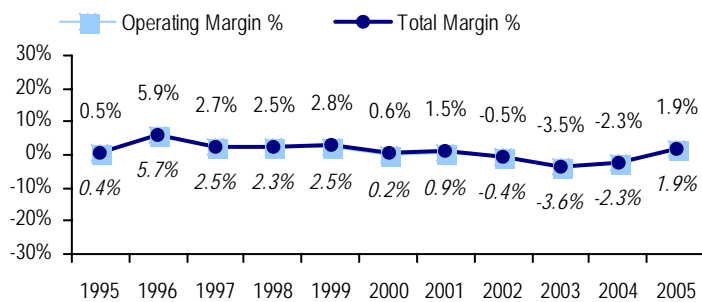
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	21	21	0.0%
Total FTE Registered Nurses(RN)	43	38	-13.2%
RN FTE/100 Adj Admissions	1.2	1.0	-86.9%
Inpatient Hospital Discharges*	1,268	1,800	42.0%
Acute Inpatient Days*	3,818	5,087	33.2%
Occupancy Rate	49.8%	65.3%	31.1%
Average Length of Stay (days)*	3	2.8	-6.7%
Outpatient Visits	37,465	36,307	-3.1%
Gross Patient Revenue (\$millions)**	\$43.3	\$60.6	40.0%

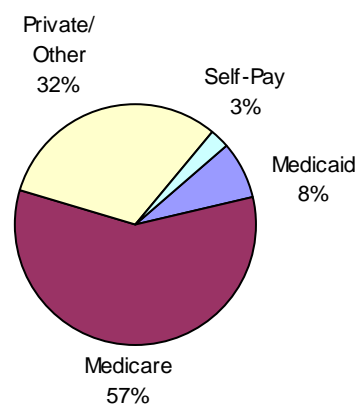
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



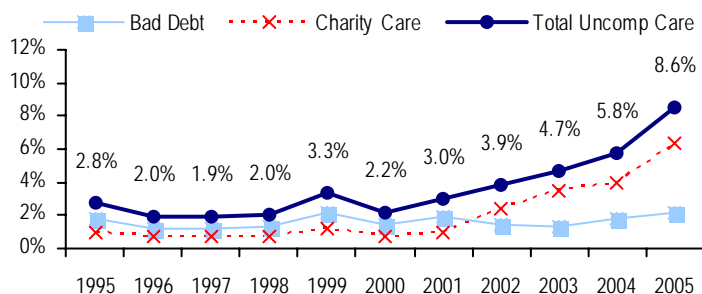
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

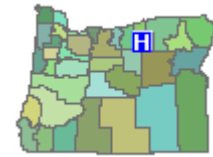
Pioneer Memorial Hospital (Heppner)

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

Hospital Type: Type A

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit Supported by Morrow County Health District

Top 10 DRGs by Volume (2005)

- 1) 500 - Back & neck procedures except spinal fusion without CC
- 2) 498 - Spinal fusion except cervical without CC
- 3) 520 - Cervical spinal fusion without CC
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 499 - Back & neck procedures except spinal fusion with CC
- 6) 497 - Combined anterior/posterior spinal fusion
- 7) 219 - Lower extremity & humer procedure except hip, foot, femur, age>17, without CC
- 8) 544 - Major joint replacement or reattachment of the lower extremity
- 9) 519 - Cervical spinal fusion with CC
- 10) 223 - Major shoulder/elbow procedure, or other upper extremity procedure with CC

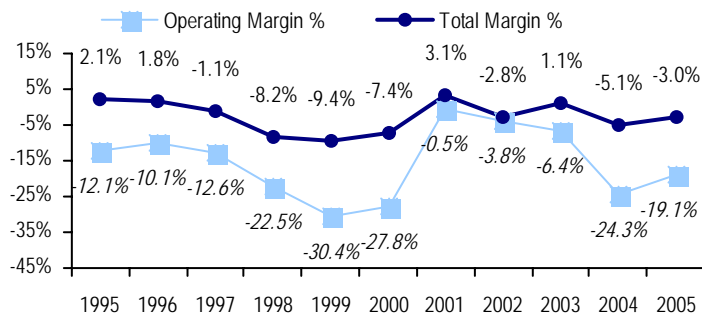
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	12	12	0.0%
Total FTE Registered Nurses(RN)	9	9	0.0%
RN FTE/100 Adj Admissions	2.1	2.8	43.2%
Inpatient Hospital Discharges*	158	67	-57.6%
Acute Inpatient Days*	319	151	-52.7%
Occupancy Rate	7.3%	4.1%	-43.8%
Average Length of Stay (days)*	2	2.3	15.0%
Outpatient Visits	15,201	14,552	-4.3%
Gross Patient Revenue (\$millions)**	\$4.8	\$3.8	-20.8%

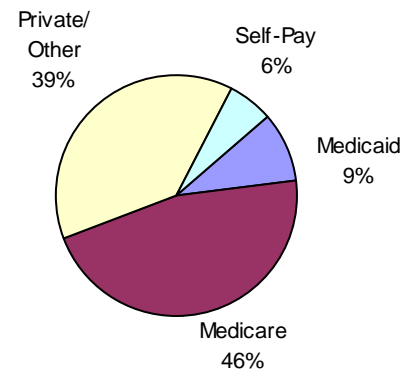
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



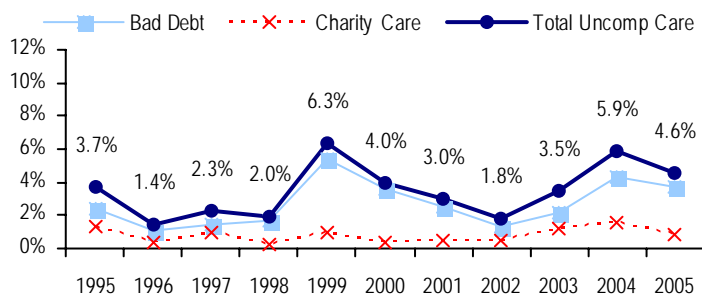
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

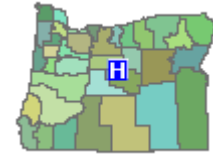
Pioneer Memorial Hospital (Prineville)

www.pmhprineville.org/1-index.htm

1201 NE Elm Street, Prineville, OR 97754 * (541) 447-6254

Senate District 28

House District 55



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17 without CC
- 3) 320 - Kidney & urinary tract infections age>17 with CC
- 4) 127 - Heart failure and shock
- 5) 449 - Poisoning & toxic effects of drugs age>17 with CC
- 6) 090 - Simple pneumonia & pleurisy age>17 without CC
- 7) 294 - Diabetes age>35
- 8) 278 - Cellulitis, age>17, without CC
- 9) 014 - Intracranial hemorrhage or cerebral infraction
- 10) 184 - Esphagitis, gastroenteritis & misc digestive disorders age 0-17

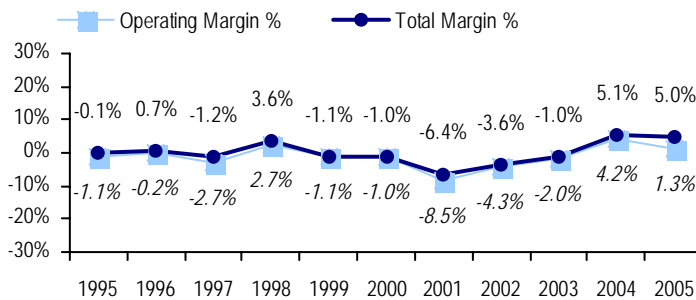
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	35	25	-28.6%
Total FTE Registered Nurses(RN)	38	47	19.1%
RN FTE/100 Adj Admissions	1.5	2.1	19.5%
Inpatient Hospital Discharges*	1,000	964	-3.6%
Acute Inpatient Days*	2,754	2,688	-2.4%
Occupancy Rate	21.6%	29.1%	34.7%
Average Length of Stay (days)*	2.8	2.8	0.0%
Outpatient Visits	32,058	105,127	227.9%
Gross Patient Revenue (\$millions)**	\$22.2	\$25.7	15.8%

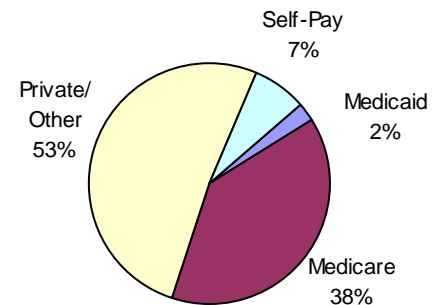
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



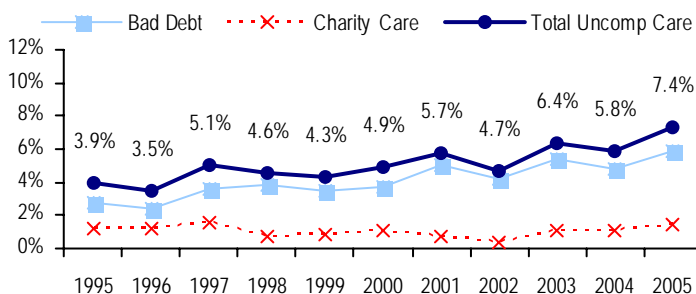
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

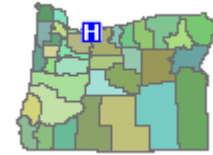


*Values displayed are for Total Uncompensated Care.

Providence Hood River Memorial Hospital

www.providence.org/hoodriver/default.htm
 811 13th Street PO Box 149, Hood River, OR 97031 * (541) 386-3911

Senate District 26
 House District 52



Hospital Description

Hospital Type: Type B

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 6) 127 - Heart failure and shock
- 7) 088 - Chronic obstructive pulmonary disease
- 8) 371 - Cesarean section without CC
- 9) 320 - Kidney & urinary tract infections age>17 with CC
- 10) 138 - Cardiac Arrhythmia & conduction disorders with CC

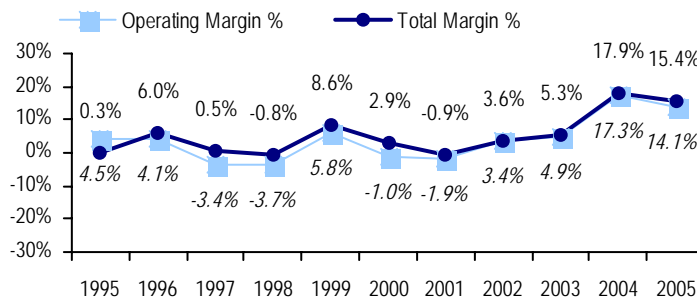
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	31	27	-12.9%
Total FTE Registered Nurses(RN)	52	71	26.8%
RN FTE/100 Adj Admissions	1.1	1.3	17.0%
Inpatient Hospital Discharges*	1,759	1,862	5.9%
Acute Inpatient Days*	4,292	4,802	11.9%
Occupancy Rate	38.2%	51.9%	35.9%
Average Length of Stay (days)*	2.4	2.6	8.3%
Outpatient Visits	81,627	98,361	20.5%
Gross Patient Revenue (\$millions)**	\$57.6	\$71.2	23.6%

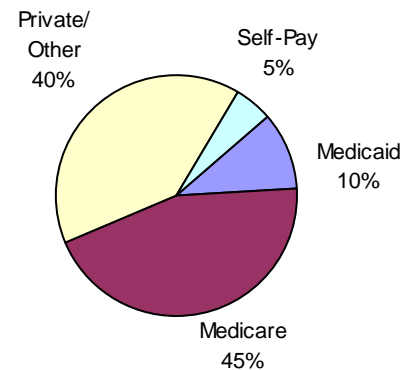
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



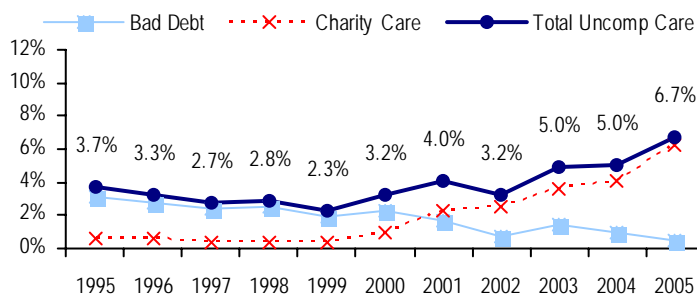
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

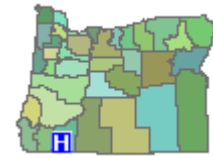


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: DRG

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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 - Cesarean section without CC
- 7) 127 - Heart failure and shock
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 390 - Neonate with other significant problems
- 10) 174 - Gastrointestinal hemorrhage with CC

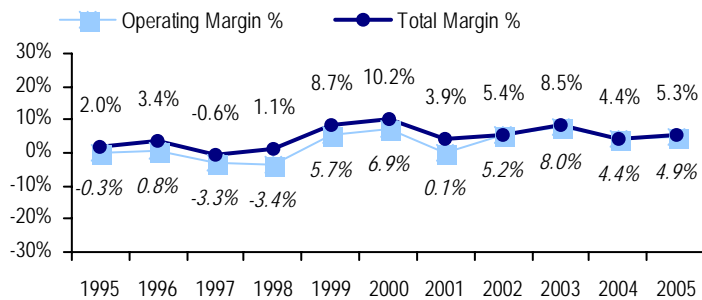
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	124	127	2.4%
Total FTE Registered Nurses(RN)	181	218	17.0%
RN FTE/100 Adj Admissions	1.7	1.9	23.1%
Inpatient Hospital Discharges*	6,762	6,796	0.5%
Acute Inpatient Days*	27,747	30,076	8.4%
Occupancy Rate	61.5%	64.4%	4.7%
Average Length of Stay (days)*	4.1	4.4	7.3%
Outpatient Visits	318,318	383,656	20.5%
Gross Patient Revenue (\$millions)**	\$199.3	\$246.2	23.5%

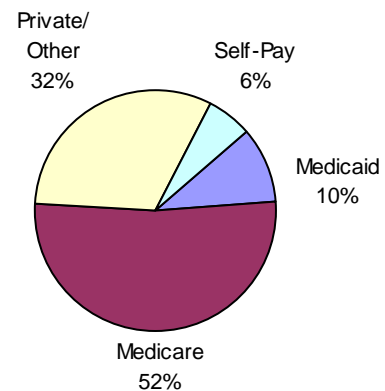
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



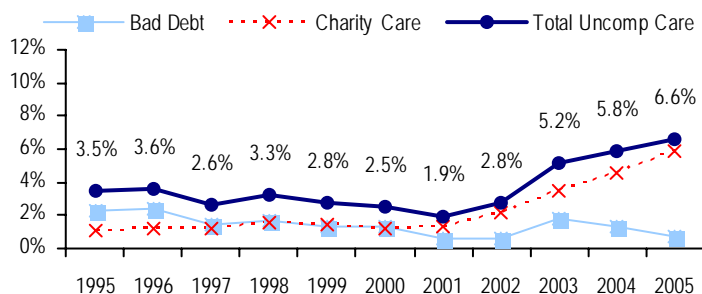
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

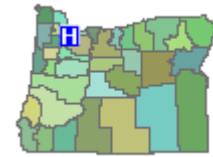


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: DRG

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 462 - Rehabilitation
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 127 - Heart failure and shock
- 7) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 8) 014 - Intracranial hemorrhage or cerebral infraction
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 371 - Cesarean section without CC

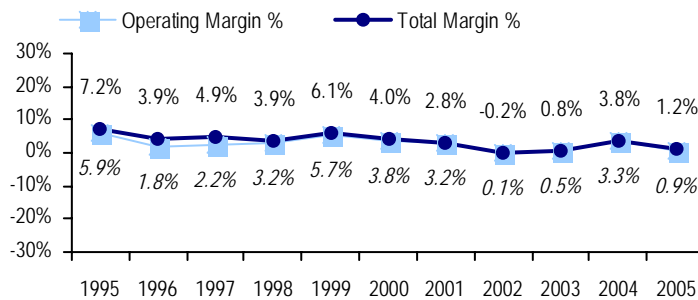
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	56	60	7.1%
Total FTE Registered Nurses(RN)	99	108	8.3%
RN FTE/100 Adj Admissions	1.3	1.3	-1.5%
Inpatient Hospital Discharges*	3,796	3,871	2.0%
Acute Inpatient Days*	10,482	11,643	11.1%
Occupancy Rate	51.4%	52.7%	2.5%
Average Length of Stay (days)*	2.8	3	7.1%
Outpatient Visits	135,209	166,033	22.8%
Gross Patient Revenue (\$millions)**	\$99.6	\$121.6	22.1%

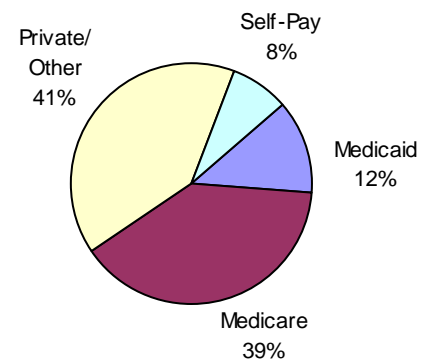
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



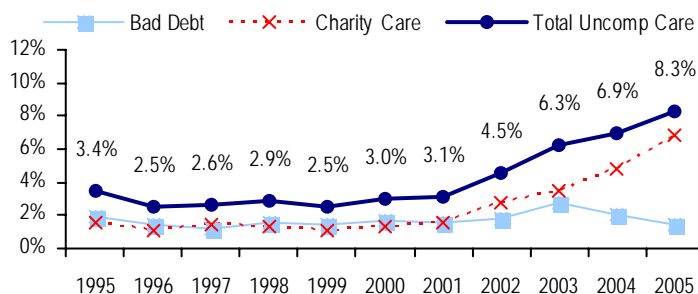
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

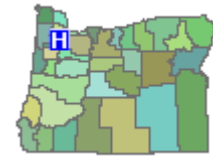


*Values displayed are for Total Uncompensated Care.

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

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 371 - Cesarean section without CC
- 7) 174 - Gastrointestinal hemorrhage with CC
- 8) 014 - Intracranial hemorrhage or cerebral infraction
- 9) 088 - Chronic obstructive pulmonary disease
- 10) 143 - Chest pain

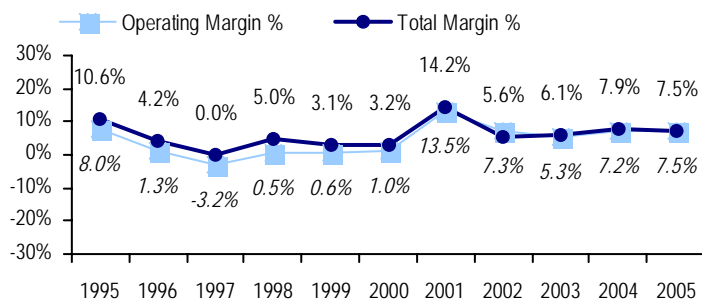
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	35	36	2.9%
Total FTE Registered Nurses(RN)	77	92	16.3%
RN FTE/100 Adj Admissions	1.6	2.0	18.9%
Inpatient Hospital Discharges*	2,121	1,953	-7.9%
Acute Inpatient Days*	5,871	5,910	0.7%
Occupancy Rate	45.8%	44.6%	-2.6%
Average Length of Stay (days)*	2.8	3	7.1%
Outpatient Visits	116,741	137,372	17.7%
Gross Patient Revenue (\$millions)**	\$61.2	\$73.6	20.3%

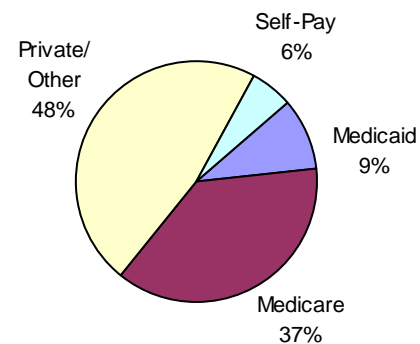
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



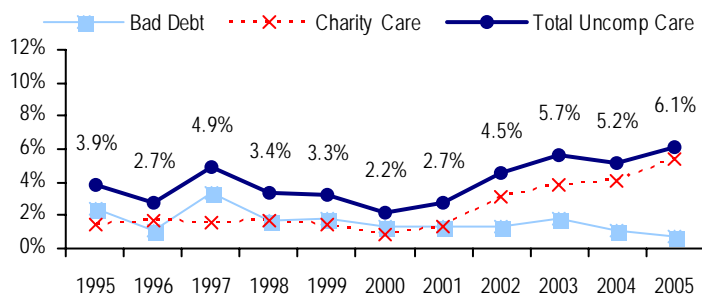
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

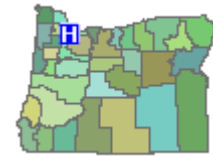


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: DRG

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 127 - Heart failure and shock
- 8) 167 - Appendectomy without complicated principal diagnosis without CC
- 9) 370 - Cesarean Section with CC
- 10) 372 - Cesarean section without CC

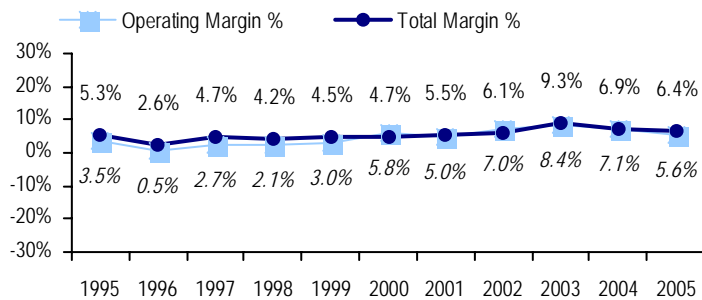
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	374	374	0.0%
Total FTE Registered Nurses(RN)	795	823	3.4%
RN FTE/100 Adj Admissions	2.0	2.1	3.8%
Inpatient Hospital Discharges*	24,738	24,844	0.4%
Acute Inpatient Days*	103,748	107,268	3.4%
Occupancy Rate	76.0%	71.6%	-5.8%
Average Length of Stay (days)*	4.2	4.3	2.4%
Outpatient Visits	1,080,590	1,068,311	-1.1%
Gross Patient Revenue (\$millions)**	\$784.7	\$868.1	10.6%

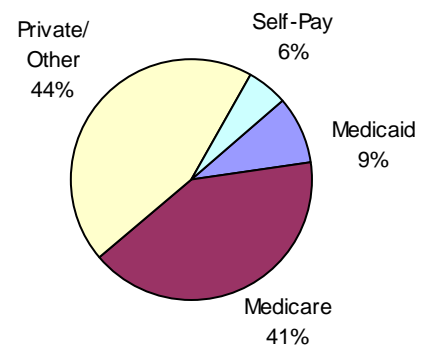
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



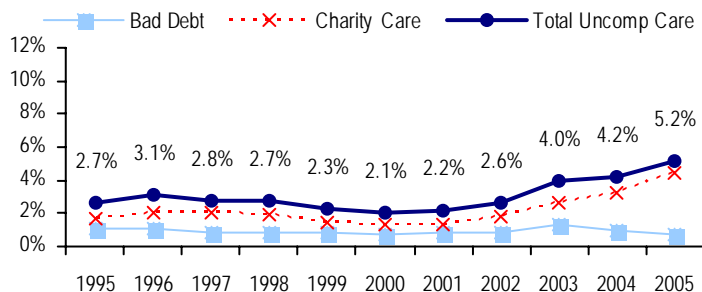
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

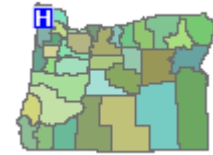


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: Type B

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Psychoses
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 500 - Back & neck procedures except spinal fusion without CC
- 6) 371 - Cesarean section without CC
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 462 - Rehabilitation
- 9) 127 - Heart failure and shock
- 10) 522 - Alcohol/drug abuse or dependence with rehabilitation therapy without CC

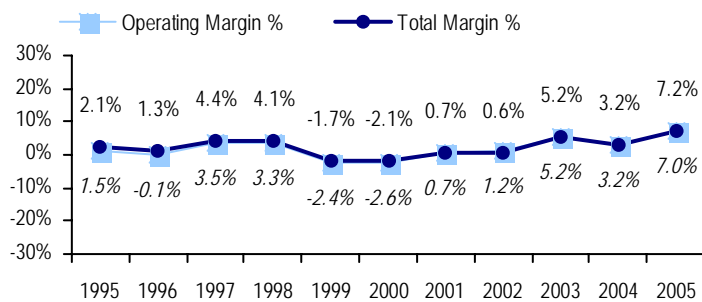
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	47	25	-46.8%
Total FTE Registered Nurses(RN)	55	65	15.4%
RN FTE/100 Adj Admissions	2.0	2.0	4.9%
Inpatient Hospital Discharges*	1,302	1,317	1.2%
Acute Inpatient Days*	3,993	4,473	12.0%
Occupancy Rate	23.2%	25.8%	11.2%
Average Length of Stay (days)*	3.1	3.4	9.7%
Outpatient Visits	63,036	66,117	4.9%
Gross Patient Revenue (\$millions)**	\$40.6	\$46.8	15.3%

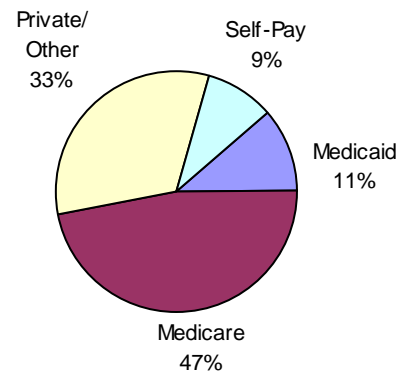
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



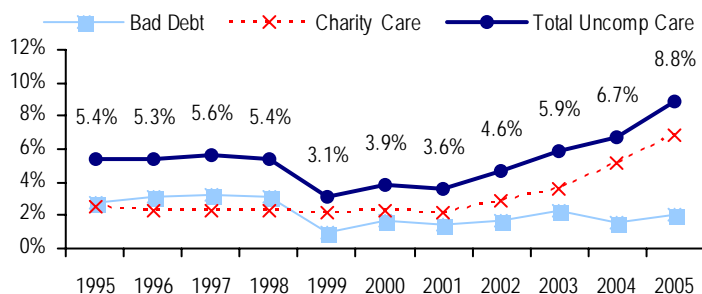
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

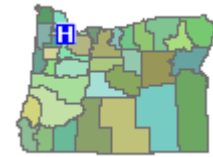


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: DRG

- ❖ Health System: Providence Health System - Oregon
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 462 - Rehabilitation
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 7) 014 - Intracranial hemorrhage or cerebral infraction
- 8) 174 - Gastrointestinal hemorrhage with CC
- 9) 138 - Cardiac Arrhythmia & conduction disorders with CC
- 10) 143 - Chest pain

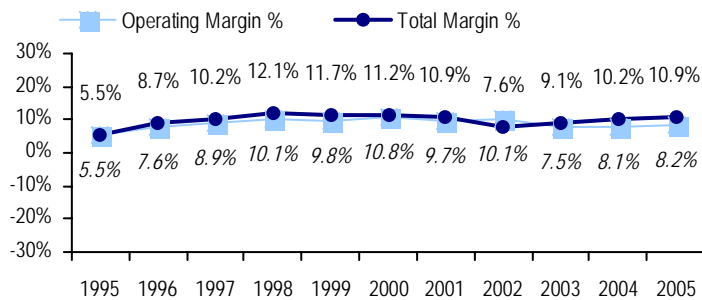
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	396	460	16.2%
Total FTE Registered Nurses(RN)	1115	1219	8.5%
RN FTE/100 Adj Admissions	2.3	2.4	2.4%
Inpatient Hospital Discharges*	35,163	37,353	6.2%
Acute Inpatient Days*	143,191	152,012	6.2%
Occupancy Rate	99.1%	86.2%	-13.0%
Average Length of Stay (days)*	4.1	4.1	0.0%
Outpatient Visits	693,655	757,498	9.2%
Gross Patient Revenue (\$millions)**	\$963.4	\$1,108.8	15.1%

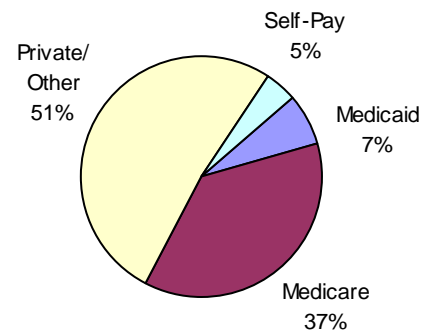
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



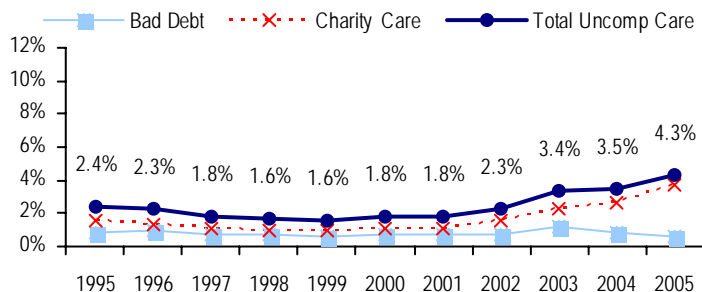
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

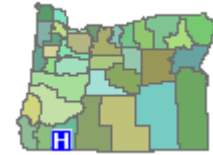
Rogue Valley Medical Center

www.asante.org

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

Senate District 3

House District 06



Hospital Description

Hospital Type: DRG

- ❖ Health System: Asante Health System
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Psychoses
- 4) 371 - Cesarean section without CC
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 370 - Cesarean Section with CC
- 7) 372 - Cesarean section without CC
- 8) 527 - Percutaneous cardiovascular procedure with drug eluting stent without AMI
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 143 - Chest pain

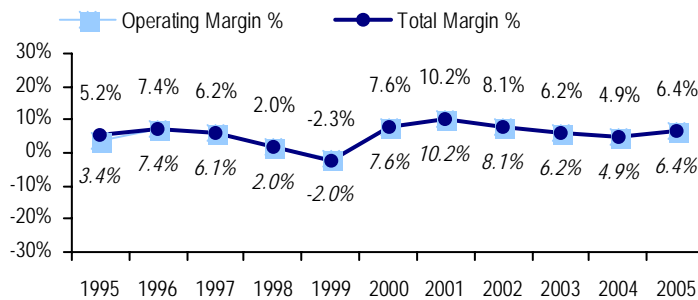
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	281	276	-1.8%
Total FTE Registered Nurses(RN)	397	446	11.0%
RN FTE/100 Adj Admissions	1.8	2.3	19.4%
Inpatient Hospital Discharges*	15,583	14,158	-9.1%
Acute Inpatient Days*	64,324	61,382	-4.6%
Occupancy Rate	63.9%	58.6%	-8.3%
Average Length of Stay (days)*	4.1	4.3	4.9%
Outpatient Visits	433,685	320,886	-26.0%
Gross Patient Revenue (\$millions)**	\$363.0	\$458.2	26.2%

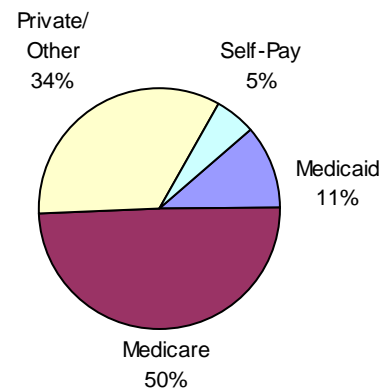
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



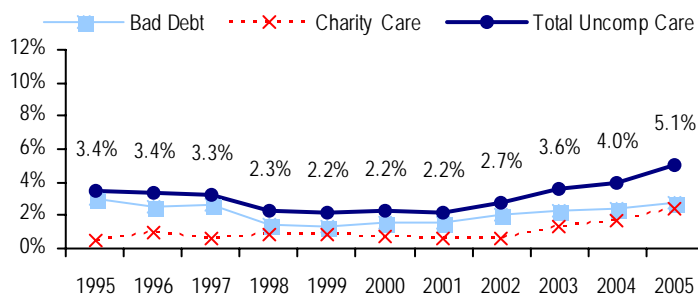
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

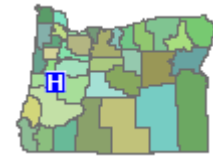
Sacred Heart Medical Center

www.peacehealth.org

PO Box 1479, Eugene, OR 97440 * (541) 686-7300

Senate District 7

House District 13



Hospital Description

Hospital Type: DRG

- ❖ Health System: PeaceHealth
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 209 - Major joint & limb reattachment procedures of lower extremity
- 4) 430 - Psychoses
- 5) 371 - Cesarean section without CC
- 6) 527 - Percutaneous cardiovascular procedure with drug eluting stent without AMI
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 127 - Heart failure and shock
- 10) 390 - Neonate with other significant problems

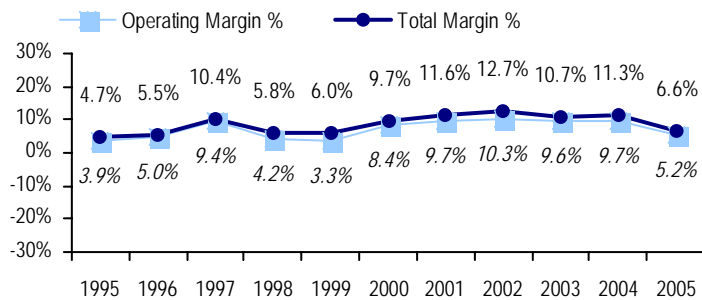
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	464	422	-9.1%
Total FTE Registered Nurses(RN)	736	768	4.2%
RN FTE/100 Adj Admissions	2.2	2.2	-4.4%
Inpatient Hospital Discharges*	27,666	28,252	2.1%
Acute Inpatient Days*	111,956	118,553	5.9%
Occupancy Rate	67.8%	71.2%	5.0%
Average Length of Stay (days)*	4.1	4.2	2.4%
Outpatient Visits	136,155	165,140	21.3%
Gross Patient Revenue (\$millions)**	\$537.5	\$639.3	18.9%

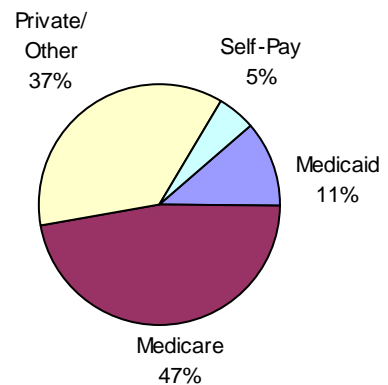
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



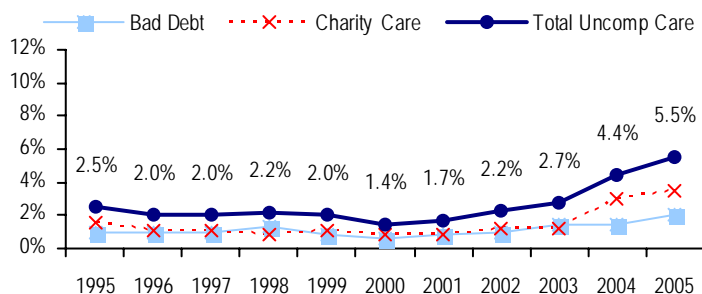
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

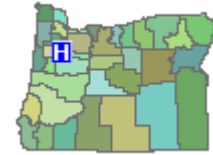
Salem Hospital

www.salemhospital.org

665 Winter St. SE/ PO Box 14001 Salem OR 97309, Salem, OR 97301 * (503

Senate District 10

House District 20



Hospital Description

Hospital Type: DRG

- ❖ Health System: Pacific Health Horizons
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 430 - Psychoses
- 4) 371 - Cesarean section without CC
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 7) 500 - Back & neck procedures except spinal fusion without CC
- 8) 527 - Percutaneous cardiovascular procedure with drug eluting stent without AMI
- 9) 127 - Heart failure and shock
- 10) 416 - Septicemia age>17

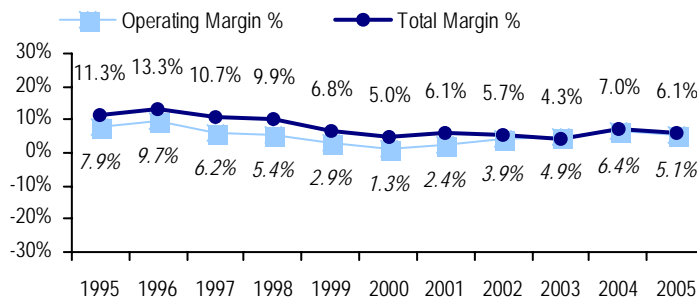
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	417	390	-6.5%
Total FTE Registered Nurses(RN)	592	824	28.2%
RN FTE/100 Adj Admissions	2.1	2.7	22.2%
Inpatient Hospital Discharges*	20,551	22,031	7.2%
Acute Inpatient Days*	89,273	92,902	4.1%
Occupancy Rate	63.6%	60.9%	-4.2%
Average Length of Stay (days)*	4.3	4.2	-2.3%
Outpatient Visits	396,083	396,083	0.0%
Gross Patient Revenue (\$millions)**	\$406.8	\$524.5	28.9%

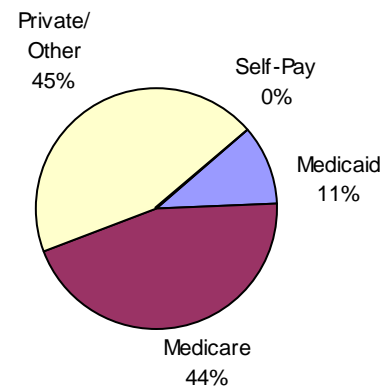
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



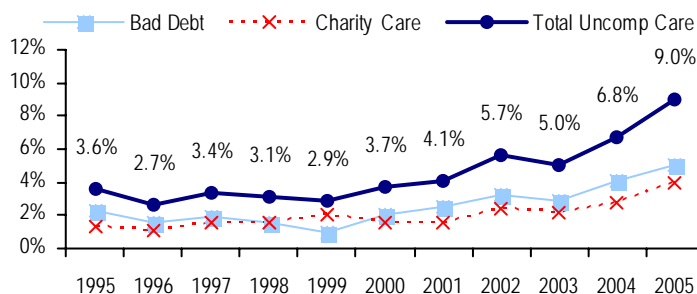
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

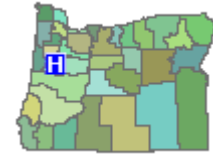


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: DRG

- ❖ Health System: Samaritan HealthCare Services
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 430 - Psychoses
- 6) 390 - Neonate with other significant problems
- 7) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 014 - Intracranial hemorrhage or cerebral infraction
- 10) 127 - Heart failure and shock

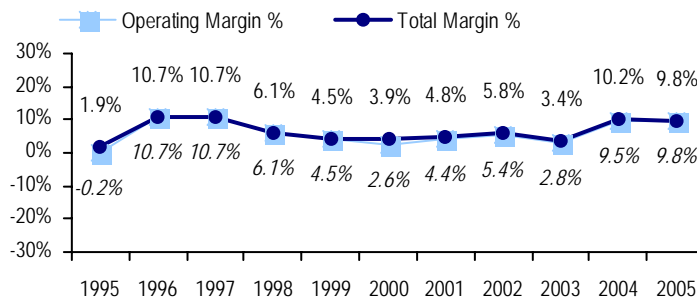
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	63	64	1.6%
Total FTE Registered Nurses(RN)	100	141	29.1%
RN FTE/100 Adj Admissions	1.2	1.8	25.2%
Inpatient Hospital Discharges*	4,163	4,215	1.2%
Acute Inpatient Days*	10,669	11,621	8.9%
Occupancy Rate	45.7%	50.0%	9.4%
Average Length of Stay (days)*	2.6	2.8	7.7%
Outpatient Visits	61,362	91,203	48.6%
Gross Patient Revenue (\$millions)**	\$91.2	\$108.7	19.2%

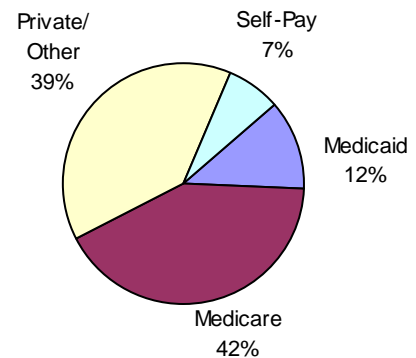
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



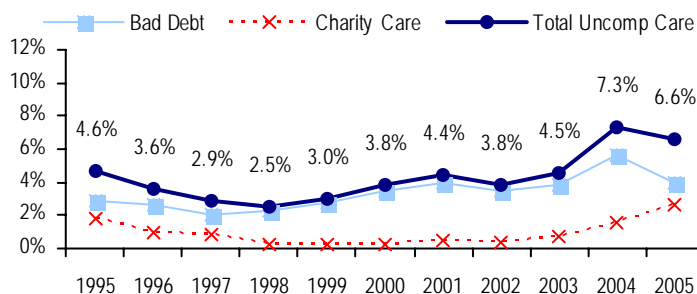
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

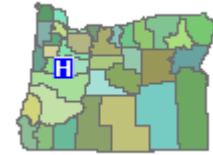


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: Type B

- ❖ Health System: Samaritan HealthCare Services
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 127 - Heart failure and shock
- 7) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 8) 014 - Intracranial hemorrhage or cerebral infraction
- 9) 088 - Chronic obstructive pulmonary disease
- 10) 416 - Septicemia age>17

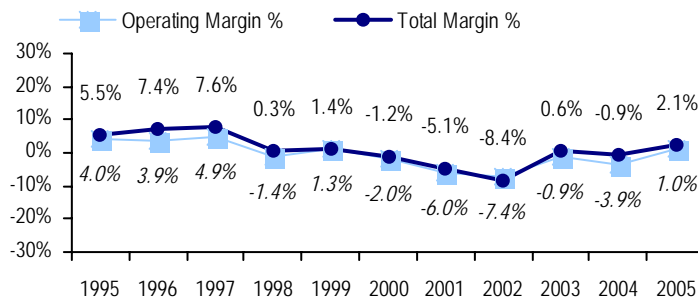
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	49	49	0.0%
Total FTE Registered Nurses(RN)	86	61	-41.0%
RN FTE/100 Adj Admissions	1.3	1.2	-18.8%
Inpatient Hospital Discharges*	3,187	1,910	-40.1%
Acute Inpatient Days*	9,929	6,153	-38.0%
Occupancy Rate	55.5%	66.8%	20.4%
Average Length of Stay (days)*	3.1	3.2	3.2%
Outpatient Visits	72,761	82,355	13.2%
Gross Patient Revenue (\$millions)**	\$66.0	\$66.9	1.4%

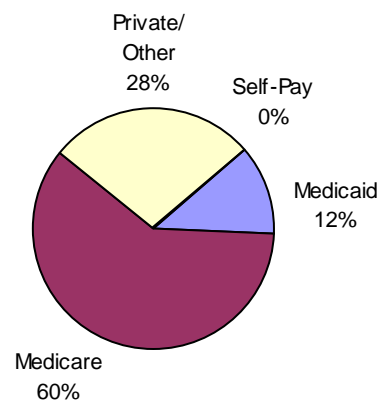
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



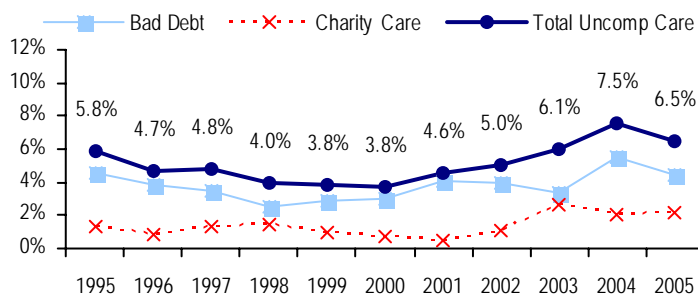
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

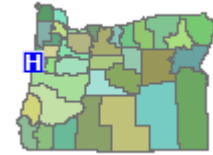


*Values displayed are for Total Uncompensated Care.

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

- ❖ Health System: Samaritan HealthCare Services
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 014 - Intracranial hemorrhage or cerebral infraction
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 371 - Cesarean section without CC
- 8) 372 - Cesarean section without CC
- 9) 121 - Circulatory disorders with AMI & major complications, discharged alive
- 10) 390 - Neonate with other significant problems

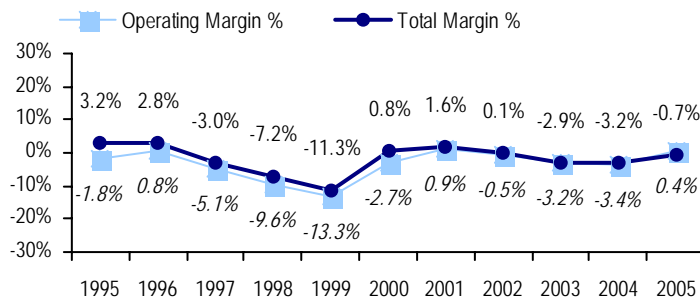
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	31	25	-19.4%
Total FTE Registered Nurses(RN)	53	49	-8.2%
RN FTE/100 Adj Admissions	1.1	1.1	0.0%
Inpatient Hospital Discharges*	1,600	1,512	-5.5%
Acute Inpatient Days*	4,232	4,829	14.1%
Occupancy Rate	37.4%	52.2%	39.6%
Average Length of Stay (days)*	2.6	3.2	23.1%
Outpatient Visits	47,721	44,041	-7.7%
Gross Patient Revenue (\$millions)**	\$41.5	\$57.1	37.6%

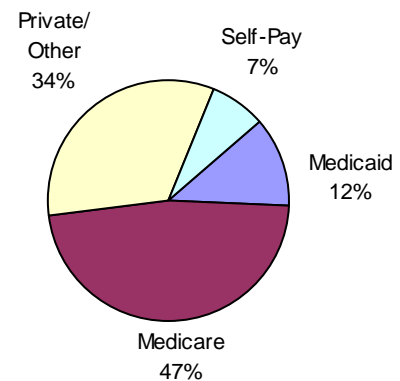
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



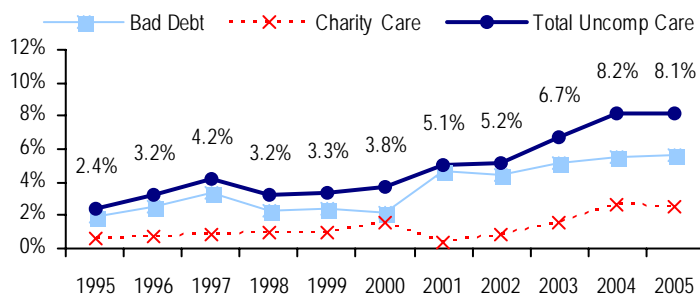
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

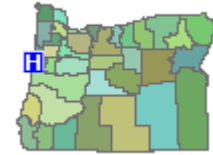


*Values displayed are for Total Uncompensated Care.

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

Hospital Type: Type B

- ❖ Health System: Samaritan HealthCare Services
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 088 - Chronic obstructive pulmonary disease
- 6) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 7) 209 - Major joint & limb reattachment procedures of lower extremity
- 8) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 9) 371 - Cesarean section without CC
- 10) 138 - Cardiac Arrhythmia & conduction disorders with CC

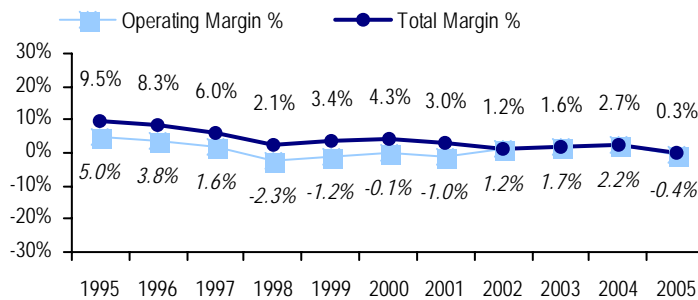
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	42	25	-40.5%
Total FTE Registered Nurses(RN)	65	84	22.6%
RN FTE/100 Adj Admissions	1.2	1.7	14.8%
Inpatient Hospital Discharges*	1,859	1,548	-16.7%
Acute Inpatient Days*	4,764	4,636	-2.7%
Occupancy Rate	31.1%	30.0%	-3.5%
Average Length of Stay (days)*	2.6	3	15.4%
Outpatient Visits	64,292	64,600	0.5%
Gross Patient Revenue (\$millions)**	\$55.2	\$66.1	19.7%

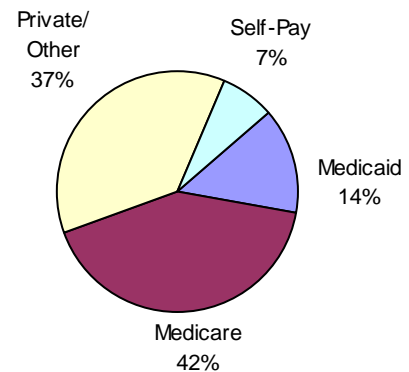
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



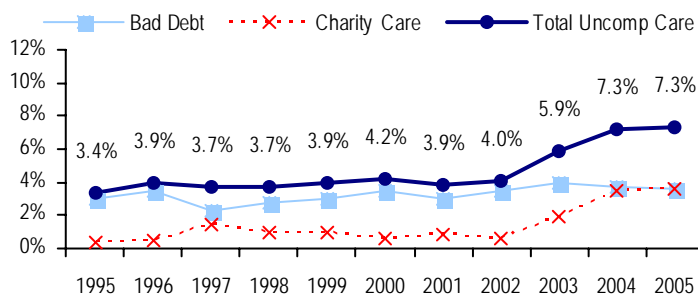
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

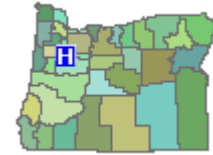
Santiam Memorial Hospital

www.santiamhospital.com

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

Senate District 9

House District 17



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 390 - Neonate with other significant problems
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 4) 127 - Heart failure and shock
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 371 - Cesarean section without CC
- 7) 174 - Gastrointestinal hemorrhage with CC
- 8) 391 - Normal newborn
- 9) 204 - Disorders of pancreas except malignancy
- 10) 014 - Intracranial hemorrhage or cerebral infraction

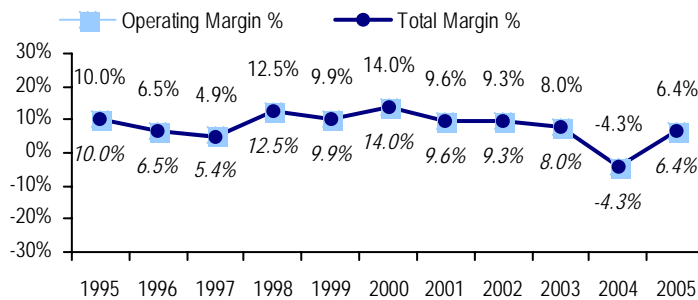
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	40	40	0.0%
Total FTE Registered Nurses(RN)	25	26	3.8%
RN FTE/100 Adj Admissions	0.7	0.8	3.8%
Inpatient Hospital Discharges*	1,543	1,119	-27.5%
Acute Inpatient Days*	4,603	3,267	-29.0%
Occupancy Rate	31.5%	20.3%	-35.6%
Average Length of Stay (days)*	3	2.6	-13.3%
Outpatient Visits	29,980	30,293	1.0%
Gross Patient Revenue (\$millions)**	\$24.2	\$27.2	12.4%

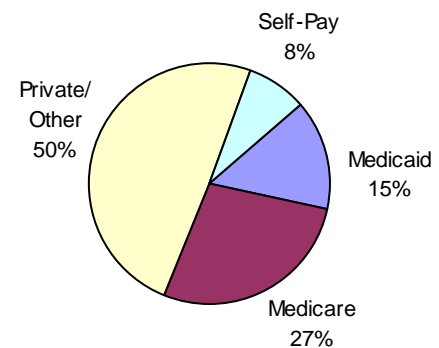
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



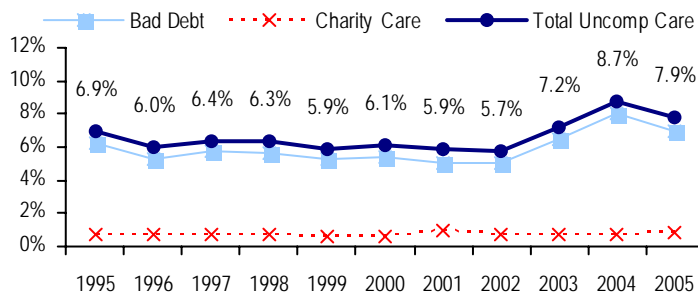
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

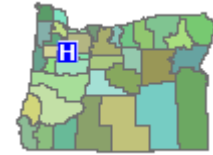
Silverton Hospital

www.silvertonhospital.org

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

Senate District 9

House District 18



Hospital Description

Hospital Type: Type B

- ❖ Health System: None
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 371 - Cesarean section without CC
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 8) 494 - Laparoscopic cholecystectomy without common duct exploration, with CC
- 9) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17 without CC
- 10) 416 - Septicemia age>17

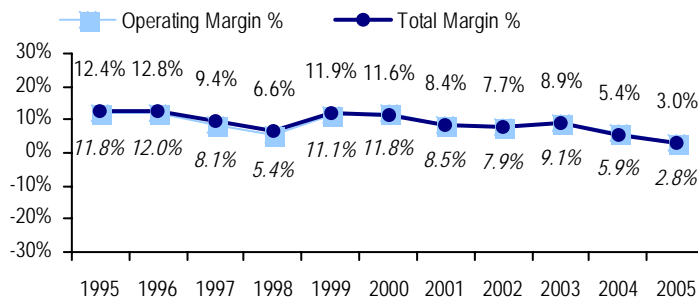
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	48	48	0.0%
Total FTE Registered Nurses(RN)	94	108	13.0%
RN FTE/100 Adj Admissions	1.3	2.9	-0.2%
Inpatient Hospital Discharges*	5,158	4,681	-9.2%
Acute Inpatient Days*	12,413	11,146	-10.2%
Occupancy Rate	70.9%	63.2%	-10.9%
Average Length of Stay (days)*	2.4	2.4	0.0%
Outpatient Visits	48,638	96,850	99.1%
Gross Patient Revenue (\$millions)**	\$77.1	\$100.3	30.1%

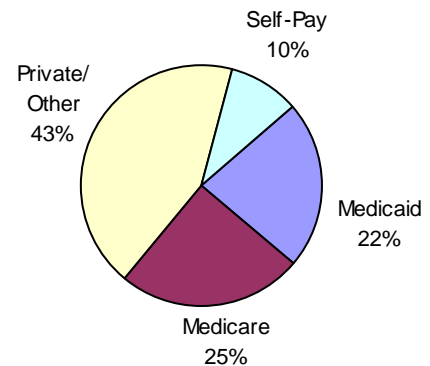
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



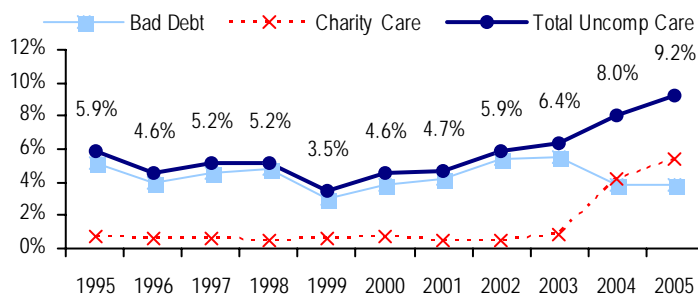
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



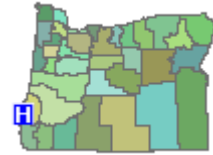
*Values displayed are for Total Uncompensated Care.

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

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 372 - Cesarean section without CC
- 5) 390 - Neonate with other significant problems
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 167 - Appendectomy without complicated principal diagnosis without CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 127 - Heart failure and shock
- 10) 373 - Vaginal delivery without complicating diagnoses

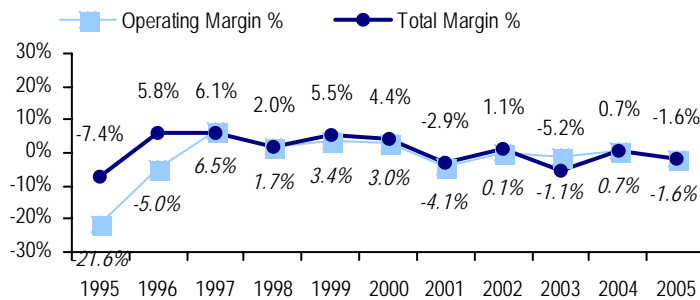
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	18	18	0.0%
Total FTE Registered Nurses(RN)	16	14	-14.3%
RN FTE/100 Adj Admissions	1.6	1.1	2.0%
Inpatient Hospital Discharges*	373	558	49.6%
Acute Inpatient Days*	1,069	1,881	76.0%
Occupancy Rate	16.3%	28.3%	73.6%
Average Length of Stay (days)*	2.9	3.4	17.2%
Outpatient Visits	13,240	11,467	-13.4%
Gross Patient Revenue (\$millions)**	\$8.7	\$11.3	29.9%

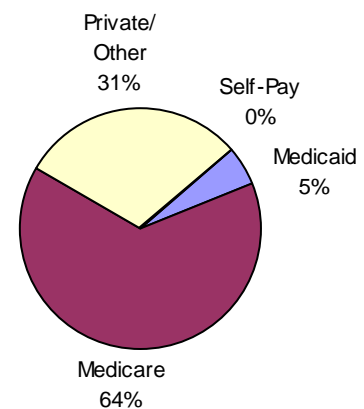
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



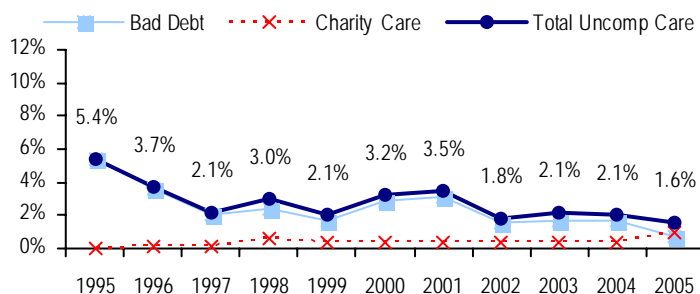
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

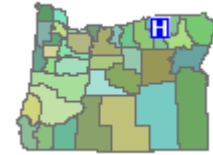
St. Anthony Hospital

www.sahpendleton.org

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

Senate District 29

House District 58



Hospital Description

Hospital Type: Type A

- ❖ Health System: Catholic Health Initiatives
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 127 - Heart failure and shock
- 3) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17 without CC
- 4) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 5) 174 - Gastrointestinal hemorrhage with CC
- 6) 014 - Intracranial hemorrhage or cerebral infraction
- 7) 088 - Chronic obstructive pulmonary disease
- 8) 320 - Kidney & urinary tract infections age>17 with CC
- 9) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 10) 149 - Major small & large bowel procedure without CC

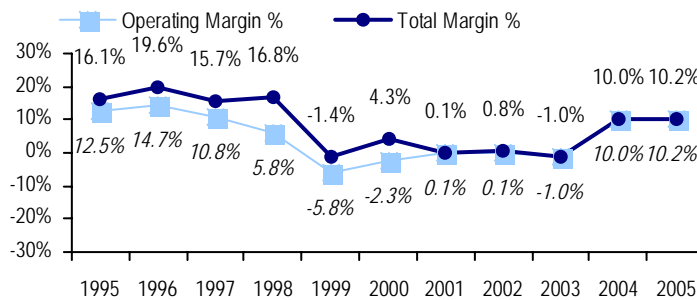
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	49	25	-49.0%
Total FTE Registered Nurses(RN)	47	81	42.0%
RN FTE/100 Adj Admissions	1.2	2.1	42.7%
Inpatient Hospital Discharges*	2,266	1,962	-13.4%
Acute Inpatient Days*	6,651	5,561	-16.4%
Occupancy Rate	37.2%	60.1%	61.6%
Average Length of Stay (days)*	2.9	2.8	-3.4%
Outpatient Visits	28,803	34,948	21.3%
Gross Patient Revenue (\$millions)**	\$46.2	\$48.7	5.4%

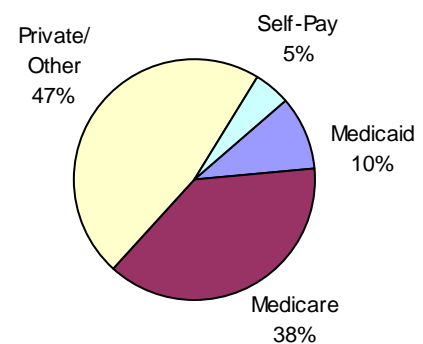
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



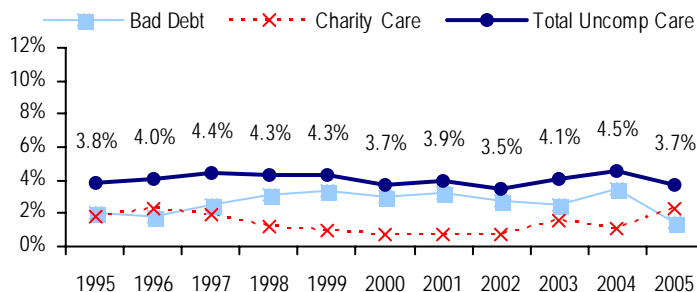
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

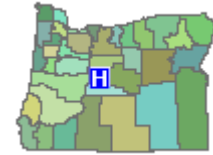
St. Charles Medical Center (Bend)

www.scmc.org

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

Senate District 27

House District 54



Hospital Description

Hospital Type: DRG

- ❖ Health System: Cascade Healthcare Community, Inc.
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 143 - Chest pain
- 6) 371 - Cesarean section without CC
- 7) 372 - Cesarean section without CC
- 8) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 9) 127 - Heart failure and shock
- 10) 167 - Appendectomy without complicated principal diagnosis without CC

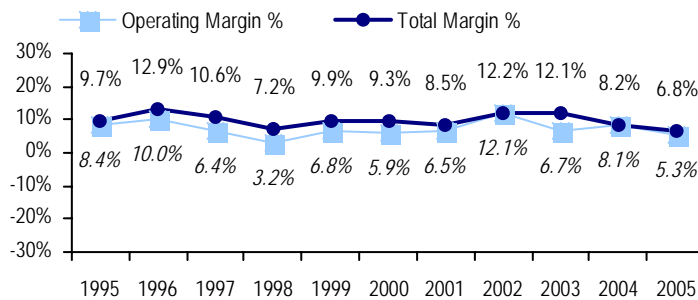
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	172	175	1.7%
Total FTE Registered Nurses(RN)	292	423	31.0%
RN FTE/100 Adj Admissions	1.5	2.2	31.6%
Inpatient Hospital Discharges*	13,811	14,069	1.9%
Acute Inpatient Days*	53,707	54,885	2.2%
Occupancy Rate	85.5%	72.1%	-15.7%
Average Length of Stay (days)*	3.9	3.9	0.0%
Outpatient Visits	112,561	145,419	29.2%
Gross Patient Revenue (\$millions)**	\$297.6	\$381.6	28.2%

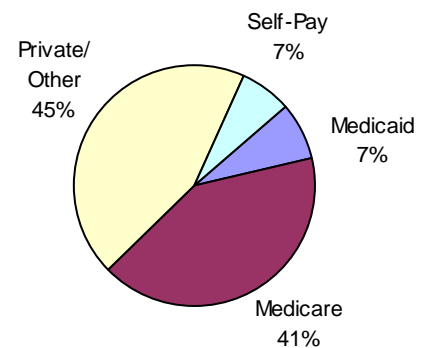
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



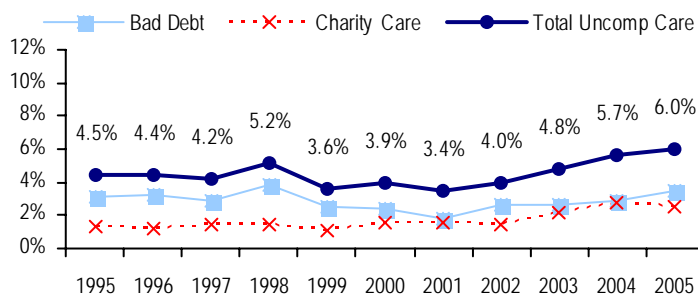
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

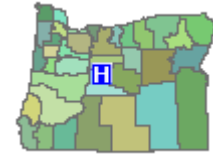
St. Charles Medical Center (Redmond)

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

- ❖ Health System: Cascade Healthcare Community, Inc.
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 544 - Major joint replacement or reattachment of the lower extremity

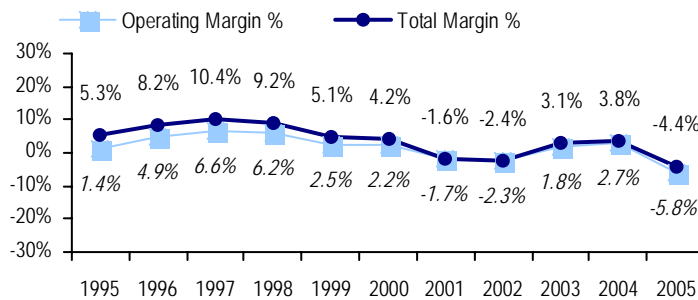
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	48	48	0.0%
Total FTE Registered Nurses(RN)	32	59	45.8%
RN FTE/100 Adj Admissions	0.8	1.2	45.1%
Inpatient Hospital Discharges*	2,661	2,220	-16.6%
Acute Inpatient Days*	6,979	6,183	-11.4%
Occupancy Rate	39.8%	34.8%	-12.6%
Average Length of Stay (days)*	2.6	2.8	7.7%
Outpatient Visits	41,972	48,721	16.1%
Gross Patient Revenue (\$millions)**	\$40.6	\$48.1	18.5%

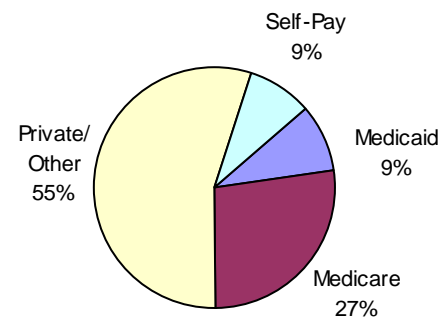
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



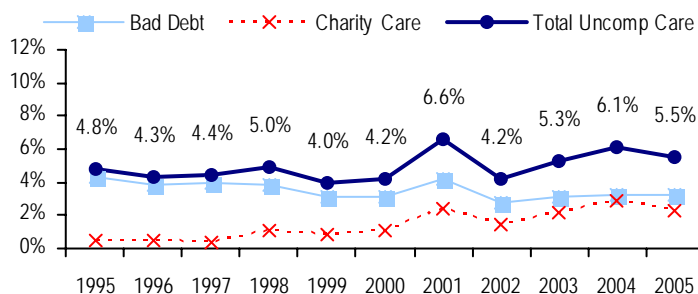
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

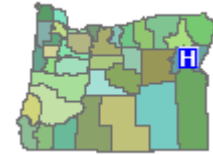
St. Elizabeth Health Services

www.stelizabethhealth.com

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

Senate District 30

House District 60



Hospital Description

Hospital Type: Type A

- ❖ Health System: Catholic Health Initiatives
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 6) 127 - Heart failure and shock
- 7) 370 - Cesarean Section with CC
- 8) 371 - Cesarean section without CC
- 9) 390 - Neonate with other significant problems
- 10) 014 - Intracranial hemorrhage or cerebral infraction

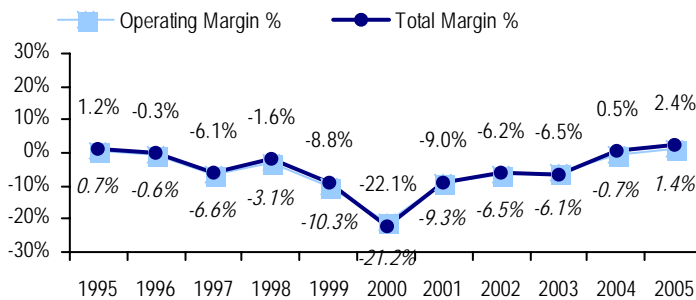
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	30	25	-16.7%
Total FTE Registered Nurses(RN)	40	42	4.8%
RN FTE/100 Adj Admissions	1.1	1.1	-2.4%
Inpatient Hospital Discharges*	1,255	1,202	-4.2%
Acute Inpatient Days*	3,959	4,093	3.4%
Occupancy Rate	35.6%	44.4%	24.7%
Average Length of Stay (days)*	3.2	3.4	6.2%
Outpatient Visits	28,865	28,894	0.1%
Gross Patient Revenue (\$millions)**	\$33.1	\$35.9	8.5%

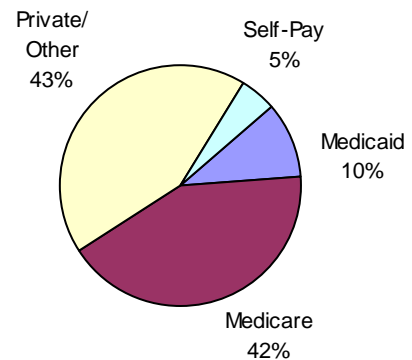
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



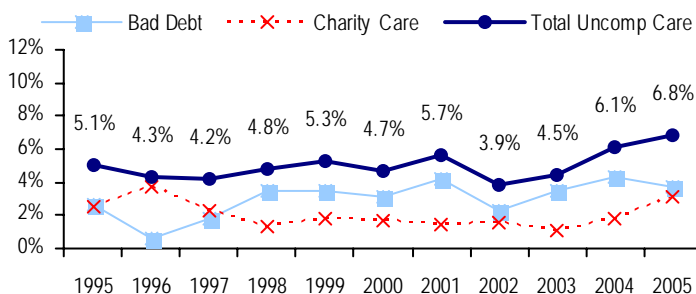
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



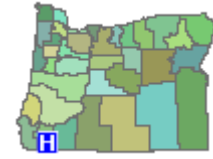
*Values displayed are for Total Uncompensated Care.

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

Hospital Type: DRG

- ❖ Health System: Asante Health System
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 462 - Rehabilitation
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 391 - Normal newborn
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 390 - Neonate with other significant problems
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 127 - Heart failure and shock
- 8) 204 - Disorders of pancreas except malignancy
- 9) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 10) 544 - Major joint replacement or reattachment of the lower extremity

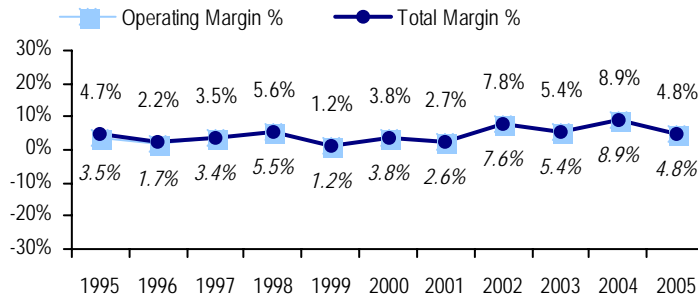
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	98	98	0.0%
Total FTE Registered Nurses(RN)	182	179	-1.7%
RN FTE/100 Adj Admissions	1.3	1.4	-1.8%
Inpatient Hospital Discharges*	8,473	7,941	-6.3%
Acute Inpatient Days*	26,598	27,338	2.8%
Occupancy Rate	74.4%	76.1%	2.3%
Average Length of Stay (days)*	3.1	3.4	9.7%
Outpatient Visits	246,375	185,210	-24.8%
Gross Patient Revenue (\$millions)**	\$154.4	\$195.1	26.4%

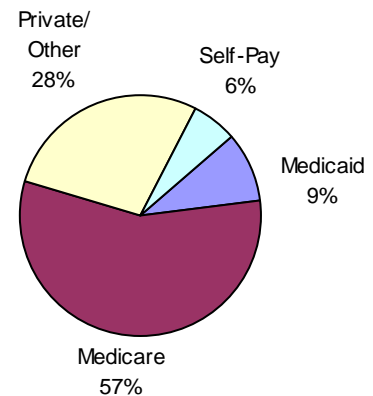
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



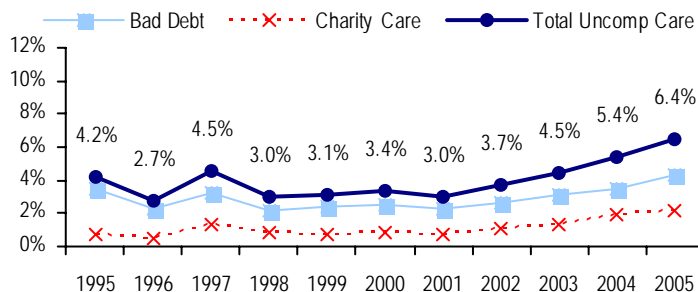
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

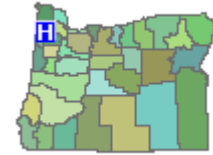
Tillamook County General Hospital

www.tcgh.com

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

Senate District 16

House District 32



Hospital Description

Hospital Type: Type A

- ❖ Health System: Adventist Health System
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 127 - Heart failure and shock
- 6) 088 - Chronic obstructive pulmonary disease
- 7) 182 - Esophagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 8) 014 - Intracranial hemorrhage or cerebral infraction
- 9) 371 - Cesarean section without CC
- 10) 014 - Intracranial hemorrhage or cerebral infraction - Chest pain

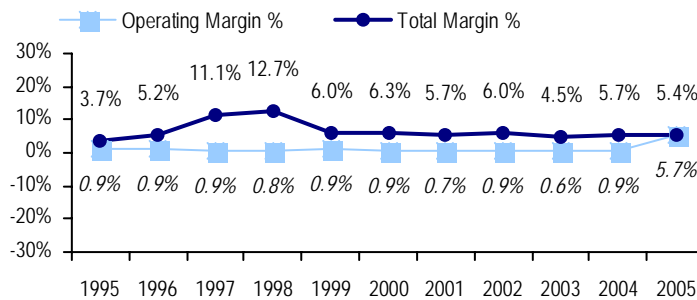
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	30	30	0.0%
Total FTE Registered Nurses(RN)	79	87	9.2%
RN FTE/100 Adj Admissions	1.8	2.0	-14.7%
Inpatient Hospital Discharges*	1,373	1,282	-6.6%
Acute Inpatient Days*	4,216	4,000	-5.1%
Occupancy Rate	38.5%	43.5%	13.0%
Average Length of Stay (days)*	3.1	3.1	0.0%
Outpatient Visits	36,549	38,342	4.9%
Gross Patient Revenue (\$millions)**	\$49.8	\$57.4	15.3%

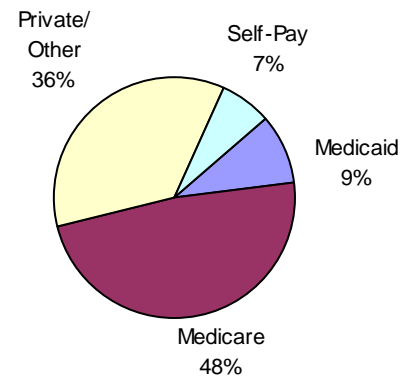
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



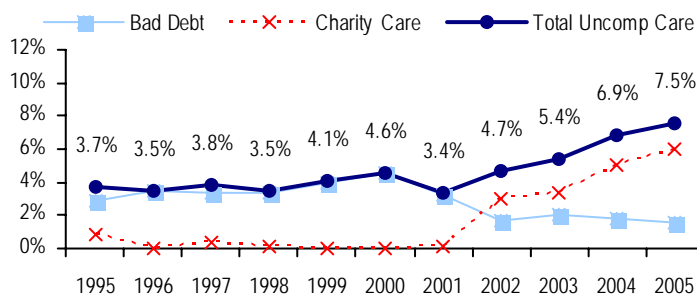
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

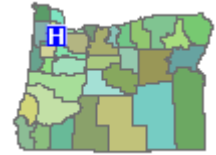


*Values displayed are for Total Uncompensated Care.

Tuality Healthcare

www.tuality.com
 355 SE 8th Ave, Hillsboro, OR 97123 * (503) 681-1111

Senate District 15
 House District 29



Hospital Description

Hospital Type: DRG

- ❖ Health System: Tuality Healthcare
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 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) 127 - Heart failure and shock
- 7) 174 - Gastrointestinal hemorrhage with CC
- 8) 088 - Chronic obstructive pulmonary disease
- 9) 014 - Intracranial hemorrhage or cerebral infraction
- 10) 359 - Uterine and adnexa procedure for non-malignancy without CC

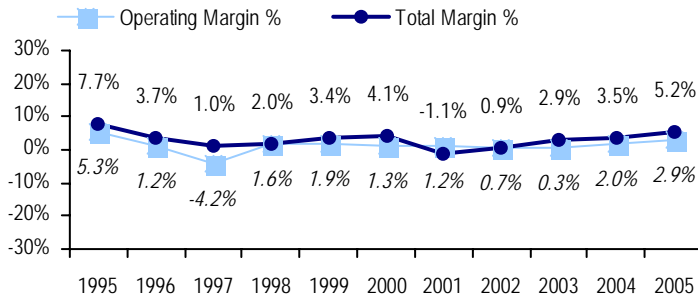
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	151	132	-12.6%
Total FTE Registered Nurses(RN)	271	305	11.1%
RN FTE/100 Adj Admissions	1.8	2.1	10.5%
Inpatient Hospital Discharges*	8,009	7,533	-5.9%
Acute Inpatient Days*	29,294	29,553	0.9%
Occupancy Rate	62.2%	56.4%	-9.3%
Average Length of Stay (days)*	3.7	3.9	5.4%
Outpatient Visits	168,262	171,145	1.7%
Gross Patient Revenue (\$millions)**	\$227.4	\$255.7	12.4%

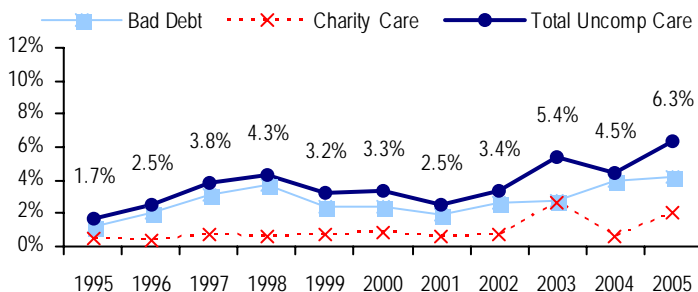
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



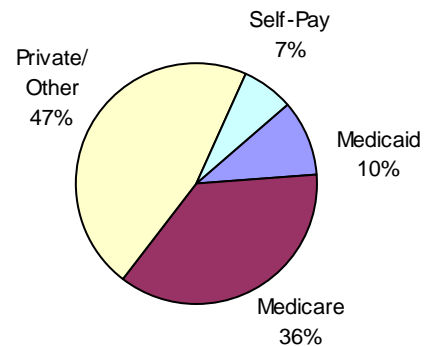
*Operating margin labels are presented in italics.

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

Payer Mix* (2005)



*Percent of total charges

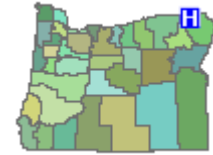
Walla Walla Memorial Hospital

www.wchcd.org

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

Senate District 29

House District 57



Hospital Description

Hospital Type: Type A

- ❖ Health System: None
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 012 - Degenerative nervous system disorders
- 5) 209 - Major joint & limb reattachment procedures of lower extremity
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 372 - Cesarean section without CC
- 8) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 9) 430 - Psychoses
- 10) 127 - Heart failure and shock

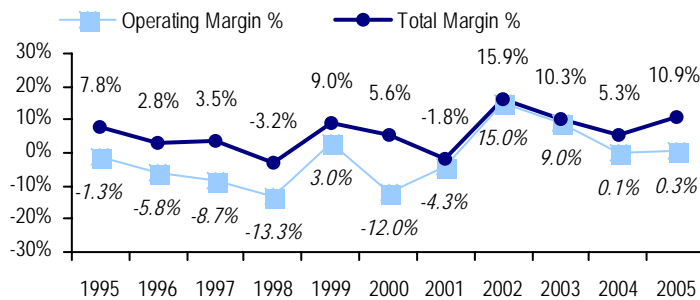
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	25	25	0.0%
Total FTE Registered Nurses(RN)	33	33	0.0%
RN FTE/100 Adj Admissions	2.5	1.9	23.7%
Inpatient Hospital Discharges*	664	509	-23.3%
Acute Inpatient Days*	1,863	1,467	-21.3%
Occupancy Rate	20.4%	15.9%	-22.1%
Average Length of Stay (days)*	2.8	2.9	3.6%
Outpatient Visits	10,339	15,064	45.7%
Gross Patient Revenue (\$millions)**	\$11.2	\$12.7	13.4%

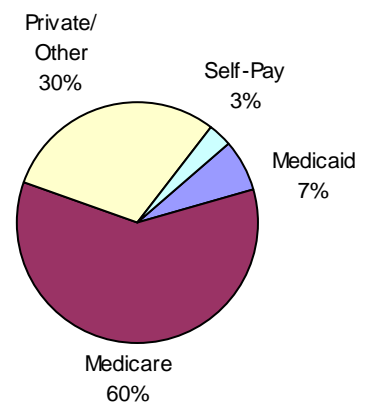
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



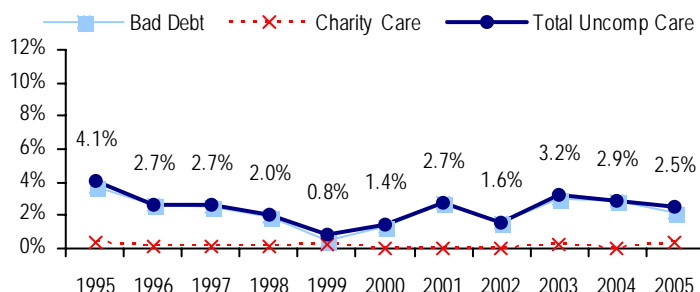
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*

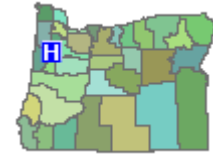


*Values displayed are for Total Uncompensated Care.

West Valley Community Hospital

www.westvalleyhospital.org
 525 SE Washington St., Dallas, OR 97338 * (503) 623-8301

Senate District 12
 House District 23



Hospital Description

Hospital Type: Type B

- ❖ Health System: Pacific Health Horizons
- ❖ Critical Access: Yes
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 3) 373 - Vaginal delivery without complicating diagnoses
- 4) 127 - Heart failure and shock
- 5) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 6) 183 - Esphagitis, gastroenteritis & misc digestive disorders, age>17 without CC
- 7) 138 - Cardiac Arrhythmia & conduction disorders with CC
- 8) 143 - Chest pain
- 9) 371 - Cesarean section without CC
- 10) 132 - Atherosclerosis with CC

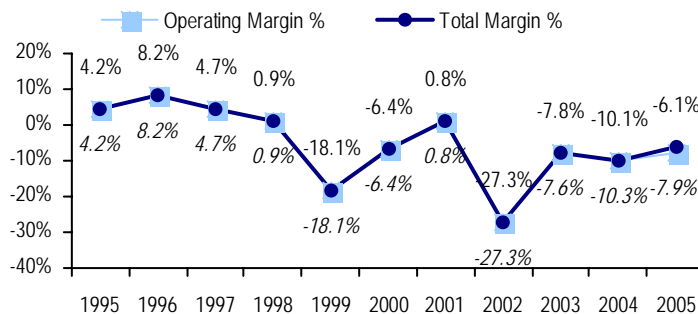
Note: CC="Complications and Comorbidities";
 DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	14	6	-57.1%
Total FTE Registered Nurses(RN)	27	19	-42.1%
RN FTE/100 Adj Admissions	1.1	0.7	-13.7%
Inpatient Hospital Discharges*	217	149	-31.3%
Acute Inpatient Days*	616	418	-32.1%
Occupancy Rate	11.8%	18.8%	59.3%
Average Length of Stay (days)*	2.8	2.8	0.0%
Outpatient Visits	46,359	48,504	4.6%
Gross Patient Revenue (\$millions)**	\$14.0	\$16.3	16.4%

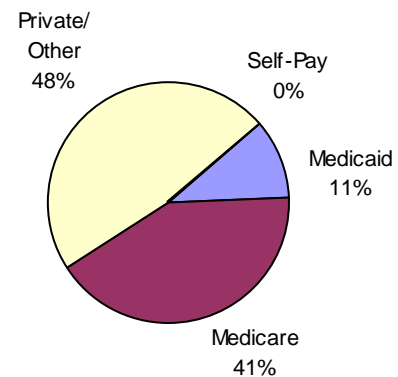
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



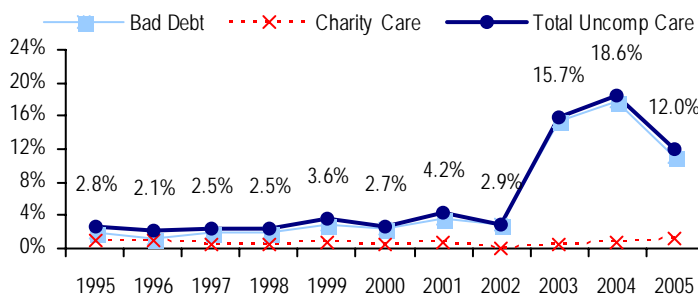
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

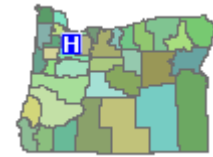
Willamette Falls Hospital

www.willamettefallshospital.org

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

Senate District 20

House District 39



Hospital Description

Hospital Type: DRG

- ❖ Health System: None
- ❖ Critical Access: No
- ❖ Not-For-Profit

Top 10 DRGs by Volume (2005)

- 1) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 2) 320 - Kidney & urinary tract infections age>17 with CC
- 3) 127 - Heart failure and shock
- 4) 296 - Nutritional & misc metabolic disorders, age>17 with CC
- 5) 088 - Chronic obstructive pulmonary disease
- 6) 182 - Esphagitis, gastroenteritis & misc digestive disorders, age >17, with CC
- 7) 079 - Respiratory infections & inflammations age>17 with CC
- 8) 204 - Disorders of pancreas except malignancy
- 9) 090 - Simple pneumonia & pleurisy age> without CC
- 10) 091 - Simple pneumonia & pleurisy age 0-17

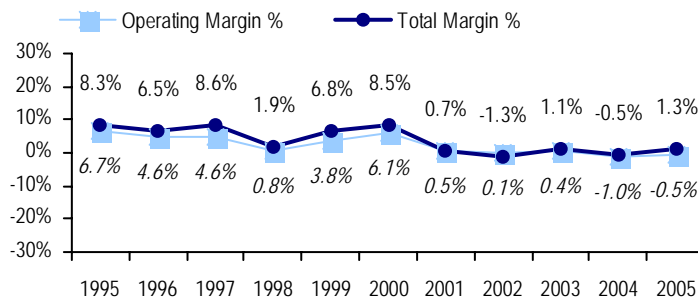
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	91	91	0.0%
Total FTE Registered Nurses(RN)	137	165	17.0%
RN FTE/100 Adj Admissions	0.9	1.3	30.0%
Inpatient Hospital Discharges*	5,699	5,203	-8.7%
Acute Inpatient Days*	17,436	16,053	-7.9%
Occupancy Rate	52.5%	48.1%	-8.4%
Average Length of Stay (days)*	3.1	3.1	0.0%
Outpatient Visits	94,308	84,143	-10.8%
Gross Patient Revenue (\$millions)**	\$116.1	\$122.0	5.1%

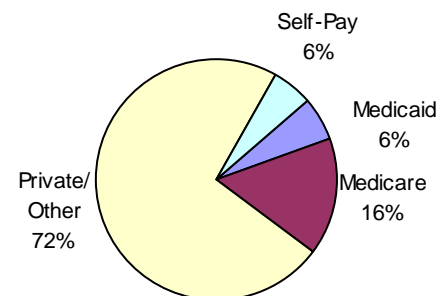
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



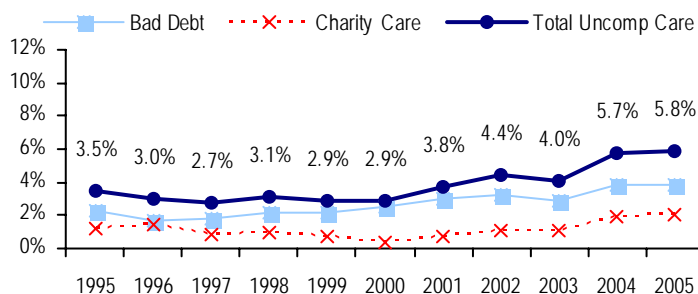
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

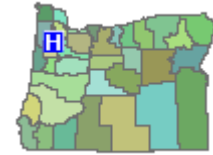
Willamette Valley Medical Center

www.wvmcweb.com

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

Senate District 12

House District 24



Hospital Description

Hospital Type: DRG

- ❖ Health System: Triad Health
- ❖ Critical Access: No
- ❖ For Profit

Top 10 DRGs by Volume (2005)

- 1) 391 - Normal newborn
- 2) 373 - Vaginal delivery without complicating diagnoses
- 3) 371 - Cesarean section without CC
- 4) 209 - Major joint & limb reattachment procedures of lower extremity
- 5) 359 - Uterine and adnexa procedure for non-malignancy without CC
- 6) 089 - Simple pneumonia & pleurisy, age>17 with CC
- 7) 127 - Heart failure and shock
- 8) 390 - Neonate with other significant problems
- 9) 174 - Gastrointestinal hemorrhage with CC
- 10) 372 - Cesarean section without CC

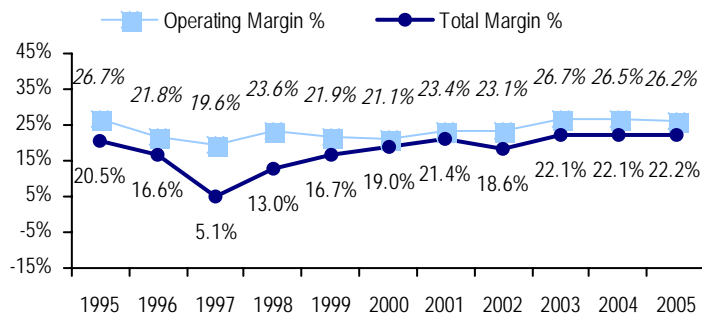
Note: CC="Complications and Comorbidities";
DRG 209 includes hip and knee replacement

Hospital Characteristics

	2003	2005	% Change
Staffed Beds	67	67	0.0%
Total FTE Registered Nurses(RN)	81	130	37.7%
RN FTE/100 Adj Admissions	0.9	1.5	39.5%
Inpatient Hospital Discharges*	5,170	5,007	-3.2%
Acute Inpatient Days*	16,424	17,371	5.8%
Occupancy Rate	67.2%	70.3%	4.6%
Average Length of Stay (days)*	3.2	3.5	9.4%
Outpatient Visits	76,663	82,185	7.2%
Gross Patient Revenue (\$millions)**	\$136.2	\$148.9	9.3%

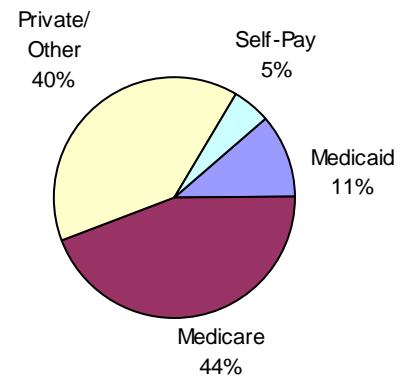
*Includes newborns **Adjusted for inflation to 2005 dollars

Operating Margin and Total Margin*



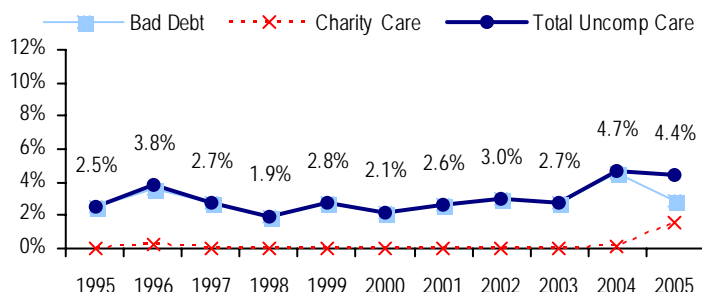
*Operating margin labels are presented in italics.

Payer Mix* (2005)



*Percent of total charges

Uncompensated Care (% of GPR)*



*Values displayed are for Total Uncompensated Care.

APPENDIX II

2005 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, 2005

Appendix II

Hospital	Gross Patient Revenue (GPR)	Charity Care	Charity Care/GPR	Bad Debt	BadDebt/GPR	Total Uncompensated Care	Uncomp Care/GPR
Adventist Medical Center	\$407,253,000	\$12,156,000	3.0%	\$11,719,000	2.9%	\$23,875,000	5.9%
Ashland Community Hospital	\$69,104,178	\$856,290	1.2%	\$2,185,346	3.2%	\$3,041,636	4.4%
Bay Area Hospital	\$192,661,606	\$5,063,684	2.6%	\$6,891,127	3.6%	\$11,954,811	6.2%
Blue Mountain Hospital	\$9,832,863	\$39,786	0.4%	\$329,201	3.3%	\$368,987	3.8%
Columbia Memorial Hospital	\$57,060,906	\$763,234	1.3%	\$3,101,518	5.4%	\$3,864,752	6.8%
Coquille Valley Hospital	\$15,185,763	\$106,231	0.7%	\$710,492	4.7%	\$816,723	5.4%
Cottage Grove Community Hospital	\$14,350,803	\$639,035	4.5%	\$778,304	5.4%	\$1,417,339	9.9%
Curry General Hospital	\$18,069,741	\$169,221	0.9%	\$1,251,107	6.9%	\$1,420,328	7.9%
Good Samaritan Regional Medical Center (Corvallis)	\$284,183,885	\$6,015,492	2.1%	\$6,266,975	2.2%	\$12,282,467	4.3%
Good Shepherd Medical Center	\$59,134,208	\$1,512,165	2.6%	\$3,573,130	6.0%	\$5,085,295	8.6%
Grande Ronde Hospital	\$45,119,551	\$1,106,355	2.5%	\$1,419,883	3.1%	\$2,526,238	5.6%
Harney District Hospital	\$11,179,847	\$80,023	0.7%	\$816,201	7.3%	\$896,224	8.0%
Holy Rosary Medical Center	\$87,982,380	\$3,455,393	3.9%	\$3,124,326	3.6%	\$6,579,719	7.5%
Lake District Hospital	\$12,786,988	\$21,613	0.2%	\$244,099	1.9%	\$265,712	2.1%
Legacy Emanuel Hospital	\$733,577,959	\$41,203,144	5.6%	\$14,172,977	1.9%	\$55,376,121	7.5%
Legacy Good Samaritan Hospital and Medical Center	\$394,434,400	\$13,839,256	3.5%	\$4,217,163	1.1%	\$18,056,419	4.6%
Legacy Meridian Park Hospital	\$191,427,225	\$5,196,470	2.7%	\$2,385,592	1.2%	\$7,582,062	4.0%
Legacy Mt. Hood Medical Center	\$118,501,200	\$8,159,855	6.9%	\$4,113,549	3.5%	\$12,273,404	10.4%
Lower Umpqua Hospital	\$21,657,306	\$380,255	1.8%	\$671,608	3.1%	\$1,051,863	4.9%
McKenzie-Willamette Medical Center	\$134,012,109	\$2,308,227	1.7%	\$9,047,000	6.8%	\$11,355,227	8.5%
Mercy Medical Center	\$298,230,806	\$11,997,840	4.0%	\$14,842,845	5.0%	\$26,840,685	9.0%
Merle West Medical Center	\$227,677,754	\$4,605,440	2.0%	\$8,118,772	3.6%	\$12,724,212	5.6%
Mid-Columbia Medical Center	\$113,543,820	\$3,566,236	3.1%	\$2,723,585	2.4%	\$6,289,821	5.5%
Mountain View Hospital	\$20,560,791	\$267,084	1.3%	\$1,036,773	5.0%	\$1,303,857	6.3%
OHSU Hospital	\$1,176,345,148	\$24,324,202	2.1%	\$45,421,290	3.9%	\$69,745,492	5.9%
Peace Harbor Hospital	\$60,644,049	\$3,869,960	6.4%	\$1,316,048	2.2%	\$5,186,008	8.6%
Pioneer Memorial Hospital (Heppner)	\$3,833,204	\$34,382	0.9%	\$142,196	3.7%	\$176,578	4.6%
Pioneer Memorial Hospital (Prineville)	\$25,689,508	\$373,810	1.5%	\$1,519,007	5.9%	\$1,892,817	7.4%
Providence Hood River Memorial Hospital	\$71,183,000	\$4,423,000	6.2%	\$330,000	0.5%	\$4,753,000	6.7%
Providence Medford Medical Center	\$246,163,000	\$14,409,000	5.9%	\$1,788,000	0.7%	\$16,197,000	6.6%
Providence Milwaukie Hospital	\$121,645,000	\$8,372,000	6.9%	\$1,752,000	1.4%	\$10,124,000	8.3%
Providence Newberg Hospital	\$73,614,000	\$4,008,000	5.4%	\$491,000	0.7%	\$4,499,000	6.1%

Uncompensated Care, By Hospital, 2005

Appendix II

Hospital	Gross Patient Revenue (GPR)	Charity Care	Charity Care/GPR	Bad Debts	BadDebts/GPR	Total Uncompensated Care	Uncomp Care/GPR
Providence Portland Medical Center	\$868,053,000	\$38,898,000	4.5%	\$6,379,000	0.7%	\$45,277,000	5.2%
Providence Seaside Hospital	\$46,834,000	\$3,191,000	6.8%	\$947,000	2.0%	\$4,138,000	8.8%
Providence St. Vincent Medical Center	\$1,108,819,000	\$40,691,000	3.7%	\$6,819,000	0.6%	\$47,510,000	4.3%
Rogue Valley Medical Center	\$458,168,430	\$10,779,163	2.4%	\$12,400,103	2.7%	\$23,179,266	5.1%
Sacred Heart Medical Center	\$639,295,928	\$22,304,708	3.5%	\$12,900,660	2.0%	\$35,205,368	5.5%
Salem Hospital	\$524,453,823	\$20,591,361	3.9%	\$26,522,711	5.1%	\$47,114,072	9.0%
Samaritan Albany General Hospital	\$108,686,074	\$2,840,781	2.6%	\$4,326,188	4.0%	\$7,166,969	6.6%
Samaritan Lebanon Community Hospital	\$66,857,311	\$1,409,380	2.1%	\$2,962,712	4.4%	\$4,372,092	6.5%
Samaritan North Lincoln Hospital	\$57,071,855	\$1,415,983	2.5%	\$3,231,807	5.7%	\$4,647,790	8.1%
Samaritan Pacific Communities Hospital	\$66,112,795	\$2,401,497	3.6%	\$2,407,087	3.6%	\$4,808,584	7.3%
Santiam Memorial Hospital	\$27,230,881	\$243,244	0.9%	\$1,896,068	7.0%	\$2,139,312	7.9%
Silverton Hospital	\$100,324,865	\$5,443,719	5.4%	\$3,818,948	3.8%	\$9,262,667	9.2%
Southern Coos Hospital and Health Center	\$11,333,858	\$105,508	0.9%	\$75,000	0.7%	\$180,508	1.6%
St. Anthony Hospital	\$48,739,610	\$1,084,856	2.2%	\$730,904	1.5%	\$1,815,760	3.7%
St. Charles Medical Center (Bend)	\$381,627,085	\$9,579,491	2.5%	\$13,209,261	3.5%	\$22,788,752	6.0%
St. Charles Medical Center (Redmond)	\$48,142,391	\$1,098,696	2.3%	\$1,555,069	3.2%	\$2,653,765	5.5%
St. Elizabeth Health Services	\$35,886,263	\$1,121,216	3.1%	\$1,321,179	3.7%	\$2,442,395	6.8%
Three Rivers Community Hospital and Health Center	\$195,067,394	\$4,186,828	2.1%	\$8,343,648	4.3%	\$12,530,476	6.4%
Tillamook County General Hospital	\$57,442,000	\$3,447,000	6.0%	\$873,000	1.5%	\$4,320,000	7.5%
Tuality Healthcare	\$255,670,309	\$5,269,726	2.1%	\$10,870,200	4.3%	\$16,139,926	6.3%
Wallowa Memorial Hospital	\$12,737,745	\$41,959	0.3%	\$277,646	2.2%	\$319,605	2.5%
West Valley Community Hospital	\$16,326,013	\$176,662	1.1%	\$1,784,703	10.9%	\$1,961,365	12.0%
Willamette Falls Hospital	\$122,039,940	\$2,427,962	2.0%	\$4,699,909	3.9%	\$7,127,871	5.8%
Willamette Valley Medical Center	\$148,935,241	\$2,263,840	1.5%	\$4,285,402	2.9%	\$6,549,242	4.4%
State Median			2.5%		3.5%		6.3%

*Charity care reported with bad debt.

APPENDIX III

2005 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, 2005

Appendix III

Facility Name	Hospital Type	Operating Margin	Total Margin
Adventist Medical Center	DRG	5.7%	5.7%
Ashland Community Hospital	B	0.3%	2.1%
Bay Area Hospital	DRG	3.5%	6.2%
Blue Mountain Hospital	A	-10.3%	-1.6%
Columbia Memorial Hospital	B	5.9%	6.9%
Coquille Valley Hospital	B	11.3%	15.5%
Cottage Grove Community Hospital	B	6.9%	6.9%
Curry General Hospital	A	-3.0%	-0.2%
Good Samaritan Regional Medical Center (Corvallis)	DRG	1.5%	2.0%
Good Shepherd Medical Center	A	-7.3%	-4.1%
Grande Ronde Hospital	A	6.2%	9.2%
Harney District Hospital	A	-2.5%	6.3%
Holy Rosary Medical Center	A	0.2%	0.2%
Lake District Hospital	A	-5.3%	2.2%
Legacy Emanuel Hospital	DRG	3.2%	4.3%
Legacy Good Samaritan Hospital and Medical Center	DRG	4.3%	6.8%
Legacy Meridian Park Hospital	DRG	11.3%	14.2%
Legacy Mt. Hood Medical Center	DRG	-0.2%	-0.1%
Lower Umpqua Hospital	B	-10.5%	-0.9%
McKenzie-Willamette Medical Center	DRG	3.4%	3.0%
Mercy Medical Center	DRG	3.3%	3.3%
Merle West Medical Center	DRG	7.7%	9.3%
Mid-Columbia Medical Center	B	6.7%	9.0%
Mountain View Hospital	B	-2.5%	-0.8%
OHSU Hospital	DRG	5.2%	6.4%
Peace Harbor Hospital	B	1.9%	1.9%
Pioneer Memorial Hospital (Heppner)	A	-19.1%	-3.0%
Pioneer Memorial Hospital (Prineville)	B	1.3%	5.0%
Providence Hood River Memorial Hospital	B	14.1%	15.4%
Providence Medford Medical Center	DRG	4.9%	5.3%
Providence Milwaukie Hospital	DRG	0.9%	1.2%
Providence Newberg Hospital	B	7.5%	7.5%
Providence Portland Medical Center	DRG	5.6%	6.4%
Providence Seaside Hospital	B	7.0%	7.2%
Providence St. Vincent Medical Center	DRG	8.2%	10.9%
Rogue Valley Medical Center	DRG	6.4%	6.4%
Sacred Heart Medical Center	DRG	5.2%	6.6%
Salem Hospital	DRG	5.1%	6.1%
Samaritan Albany General Hospital	DRG	9.8%	9.8%
Samaritan Lebanon Community Hospital	B	1.0%	2.1%
Samaritan North Lincoln Hospital	B	0.4%	-0.7%
Samaritan Pacific Communities Hospital	B	-0.4%	0.3%
Santiam Memorial Hospital	B	6.4%	6.4%
Silverton Hospital	B	2.8%	3.0%
Southern Coos Hospital and Health Center	B	-1.6%	-1.6%
St. Anthony Hospital	A	10.2%	10.2%
St. Charles Medical Center (Bend)	DRG	5.3%	6.8%
St. Charles Medical Center (Redmond)	B	-5.8%	-4.4%

Operating Margin and Total Margin, By Hospital, 2005**Appendix III**

Facility Name	Hospital Type	Operating Margin	Total Margin
St. Elizabeth Health Services	A	1.4%	2.4%
Three Rivers Community Hospital and Health Center	DRG	4.8%	4.8%
Tillamook County General Hospital	A	1.1%	5.4%
Tuality Healthcare	DRG	2.9%	5.2%
Wallowa Memorial Hospital	A	0.3%	10.9%
West Valley Community Hospital	B	-7.9%	-6.1%
Willamette Falls Hospital	DRG	-0.5%	1.3%
Willamette Valley Medical Center	DRG	2.6%	3.9%
State Median		3.1%	5.1%

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 2006		
TABLE 1.02	Critical Access Hospitals	Oregon Office of Rural Health	CY 2006		
TABLE 1.03	Type A Hospitals	Oregon Office of Rural Health	CY 2006		
TABLE 1.04	Type B Hospitals	Oregon Office of Rural Health	CY 2006		
TABLE 1.05	Type C Hospitals	Oregon Office of Rural Health	CY 2006		
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 RN 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	
	RN FTE per 100 adjusted admissions	Hospital survey (FTE); HDD (Admissions, Inpatient Revenue); Financials (GPR)	CY	$100 * (\text{Total RN FTE}) / (\text{Total adjusted admissions})$	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	AHA Survey	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
	Emergency Department Visits	AHA Survey	CY	Total number emergency department visits	
	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 (2003 and 2005)			
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	$(2005 \text{ beds} - 2003 \text{ beds}) / (2003 \text{ beds})$	
				$(\text{Sum of hospital total LOS}/365) / (\text{average number of total hospital beds})$	
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	$(\text{Sum of LOS}/365) / (\text{average number of hospital beds})$	
Table 3.01- Table 3.04	Total FTE and Registered Nurse and Physician FTE/100 Adjusted Admissions at DRG and Rural Hospitals, 2003 and 2005	AHA Survey	CY	$(\text{total FTE within each workforce category}) / (\text{total FTE})$	

Table/Figure	Data Element	Source	Time Interval	Calculations	Notes
FIGURE 3.01 & 3.02	Registered Nurse and Physician Workforce FTE per 100 Adjusted Admissions in Oregon Acute Care Hospitals, 2005	AHA Survey	CY	$100 * (2005 \text{ FTE} - 2003 \text{ FTE}) / (2003 \text{ FTE})$	
TABLE 4.01	Top 10 DRGs By Volume	HDD	CY	Ranked by DRG counts	
FIGURE 4.01	Average Length of stay (LOS)	HDD	CY	Average of LOS for calendar year within each hospital subtype	
TABLE 4.02- TABLE 4.03	Average Length of stay (LOS)	HDD	CY	Average of LOS for calendar year within hospital	
	Percent change, ALOS	HDD	CY	$(2005 \text{ ALOS} - 2003 \text{ ALOS}) / (2003 \text{ ALOS})$	Table presents hospital-specific data, so no aggregation necessary.
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 2005 dollars using the Consumer Price Index (CPI), then summed statewide	
	Charity Care - amount	Financials	FY	Adjusted for inflation to 2005 dollars using the Consumer Price Index (CPI), then summed statewide	
	Bad Debt - amount	Financials	FY	Adjusted for inflation to 2005 dollars using the Consumer Price Index (CPI), then summed statewide	

Table/Figure	Data Element	Source	Time Interval	Calculations	Notes
	Uncompensated Care - amount	Financials	FY	Total Uncompensated Care = Charity Care + Bad Debt; Adjusted for inflation to 2005 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).