

Department of Health and Human Services
**OFFICE OF
INSPECTOR GENERAL**

HOSPITAL CLOSURE: 1989



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EXECUTIVE SUMMARY

PURPOSE

This report describes the phenomenon of hospital closure in the United States. It examines the characteristics of, reasons for, and impact of closures in 1989.

BACKGROUND

The closure of hospitals in recent years has generated increasing public and congressional concern. According to a number of recent studies, more hospitals are expected to close their doors in coming years. Numerous questions have been raised about the reasons for and the impact of hospital closure, as well as the implications for public policy.

At the request of the Secretary of the Department of Health and Human Services, the Office of Inspector General (OIG) prepared a report in May 1989 describing the nationwide phenomenon of hospital closure in 1987. The Secretary then asked the Inspector General to continue analysis of hospital closure to determine trends and effects of the phenomenon. A report on 1988 hospital closures was issued in April 1990.

The findings from both the 1987 and 1988 studies were similar. The hospitals that closed were small and had low occupancy rates. When the hospitals closed, few patients were affected. Most could get medical care nearby.

FINDINGS

This inspection found that in 1989:

- ▶ Seventy-six general, acute care hospitals closed — 12 fewer than in 1988. They were located in 29 States. Eleven new hospitals opened in 1989, and 3 of the 76 hospitals which closed in 1989 have reopened in 1990.
- ▶ Forty-three of the closed hospitals were rural; 33 were urban. In relation to their numbers nationwide, a higher percentage of rural hospitals (1.6%) closed in 1989 than urban hospitals (1.2%).
- ▶ The closed hospitals in both rural and urban areas are significantly smaller than the national averages. Rural hospitals that closed were about half the size of the average rural hospital nationwide. Urban hospitals that closed were less than half the size of the average urban hospital nationwide.

- No significant difference exists in the average Medicare and Medicaid utilization among *rural* hospitals that closed and all rural hospitals nationwide. In *urban* areas, the average Medicaid utilization among hospitals that closed is higher than the nationwide average (13.5% vs. 10%), and the average Medicare utilization among hospitals that closed is slightly higher than the nationwide average (47.2% vs. 44.4%).
- The reasons for hospitals closing in 1989 are similar to those reported for hospitals closing in 1987 and 1988. Hospitals closed because of the interrelated factors of declining occupancy, lagging revenues and rising costs. Hospital viability was said to depend on the stability of all three factors. The weakening of one may begin a chain reaction eventually leading to hospital closure.
- Emergency and inpatient medical care is available within 20 miles for most communities where hospitals closed.
- Forty-four (58%) of the closed hospital facilities are currently being used; plans are being made for 12 of the currently vacant hospitals to be used for other types of health care services.

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INTRODUCTION

PURPOSE

This report describes the phenomenon of hospital closure in the United States. It examines the characteristics of, reasons for, and impact of closures in 1989.

This report is a follow-up to the recent Office of Inspector General (OIG) studies entitled "Hospital Closure: 1987" (OAI-04-89-00740), issued in May 1989, and "Hospital Closure: 1988" (OEI-04-89-01810), issued in April 1990.

This study has been requested by the Secretary of the Department of Health and Human Services.

BACKGROUND

In the past several years, the closure of general acute care hospitals has generated increasing public and congressional concern. According to a number of recent studies, more hospitals are expected to close their doors in coming years. Numerous questions have been raised about the reasons for and the impact of hospital closure, as well as the implications for public policy.

The OIG released an inspection in May 1989 describing the phenomenon of 1987 hospital closure in the United States. That study found that 69 hospitals closed in 1987. That study was presented to the Secretary of the Department of Health and Human Services (HHS), the Assistant Secretaries of HHS, and staff of the Health Care Financing Administration (HCFA) and the Public Health Service (PHS). The Inspector General testified before the U.S. House Ways and Means Subcommittee on Health regarding the study findings. Many of those informed of the study of 1987 hospital closures encouraged the Inspector General to continue analysis of the phenomenon to detect differences in the rate of hospital closure and in the characteristics and circumstances of hospitals closing their doors.

A similar inspection of 1988 hospital closures issued in April 1990 found that 88 hospitals closed. That study also was presented to the Secretary, the Assistant Secretaries, and staff of HCFA and PHS.

The findings from both the 1987 and 1988 studies were similar. The hospitals that closed were small and had low occupancy rates. When the hospitals closed, few patients were affected. Most could get medical care nearby.

SCOPE

This study examined hospitals that closed in calendar year 1989.

For purposes of this study, the following definitions were used:

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

Closed Hospital: One that stopped providing general, short-term, acute inpatient services in 1989. If a hospital merged with or was sold to another hospital and the physical plant closed for inpatient acute care, it was considered a closure. If a hospital both closed and reopened in 1989, it was not considered a closure. If a hospital closed in 1988, reopened in 1989, and closed again in 1989, it was counted as a closure for 1988 but not again in 1989.

METHODS

Information for this study was obtained from contacts with State hospital associations, State licensing and certification agencies, State health planning agencies, officials associated with closed hospitals and hospitals nearby, and local public officials. Information which describes the characteristics of the hospitals was obtained from HCFA data bases.

Appendix A describes information collection methods in further detail.

FINDINGS

The Inspector General's study of hospitals closed in 1989 found that:

- Seventy-six general, acute care hospitals closed in 1989. Twelve fewer hospitals closed in 1989 than in the previous year.
- Size and occupancy levels appear to be the major factors in hospital viability.
- Because of the small size and low occupancy of hospitals that closed, few patients were affected.
- Emergency and inpatient medical care is available within 20 miles for most communities where hospitals closed.

EXTENT AND NATURE OF HOSPITAL CLOSURES

How many closed?

In 1989, there were more than 6,800 hospitals in the United States. Of those, 5,396 were general, short-term, acute care hospitals entered on HCFA's data base as participating in the Medicare program. Seventy-six (76) hospitals closed in 1989 — 1.4 percent of all hospitals nationally. Twelve fewer hospitals closed in 1989 than in the previous year.

Hospitals in U.S.:	5,396
Closed in 1989:	76 (1.4%)

When they closed, the general, acute care inpatient bed supply was reduced by 5,272 beds, or 0.6 percent.

Where were they?

The closed hospitals were located in 29 States. The greatest number of closures was in Texas (13), followed by Illinois (7), Mississippi (6), and Colorado (5). These four States represented 41 percent of the closures. Eleven States had just one closure each. Appendix B lists the 1989 closures by State.

In relation to their numbers nationwide, a higher percentage of rural hospitals closed than urban hospitals.

	Rural	Urban
Hospitals in the U.S.:	2,614	2,782
Closed in 1989:	43(1.6%)	33(1.2%)

How many opened?

While 76 hospitals *closed* in 1989, 11 new general, acute care hospitals *opened*, adding 744 beds to the national supply of beds.

In addition to the new openings during 1989, two hospitals that closed prior to 1989 reopened in 1989, adding another 50 beds.

Three of the 76 hospitals which closed in 1989 reopened in 1990, adding 92 beds.

What Were the Closed Hospitals Like?

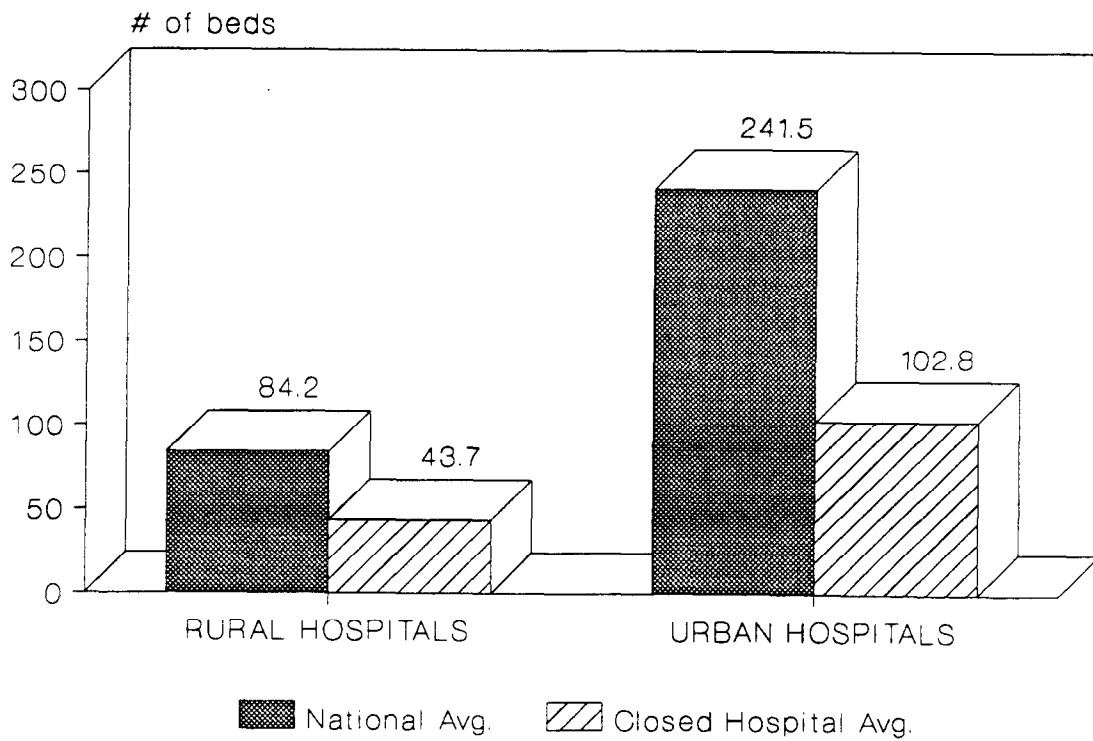
Size: Hospitals that closed in 1989 were small. More than three-quarters had fewer than 100 beds.

SIZE OF CLOSED HOSPITALS

Number of Beds	Hospitals			
	Rural	Urban	Total	Percent
0 - 29	17	6	23	30.3%
30 - 49	13	6	19	25.0%
50 - 99	12	6	18	23.7%
100 - 199	1	11	12	15.8%
200 - 299	0	3	3	3.9%
300 +	0	1	1	1.3%
Totals	43	33	76	100%

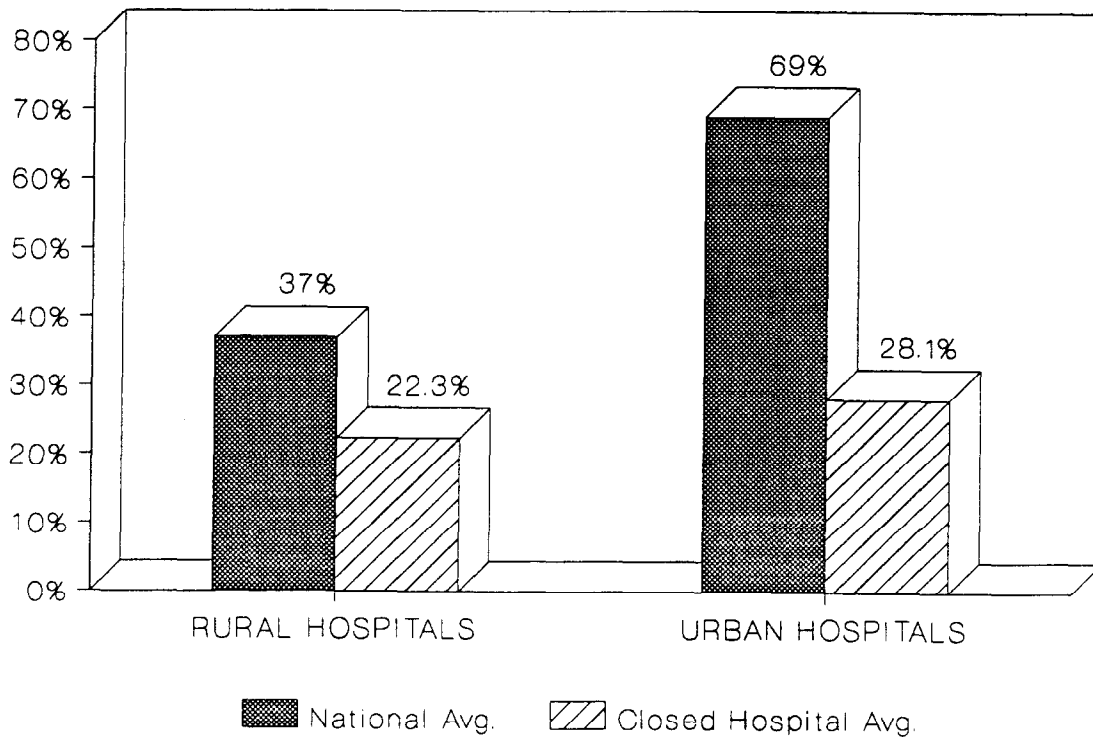
Closed hospitals in both rural and urban areas are significantly smaller than the national averages. Rural hospitals that closed were about half the size of the average rural hospital nationwide. Urban hospitals that closed were less than half the size of the average urban hospital nationwide.

HOSPITALS THAT CLOSED WERE SMALL



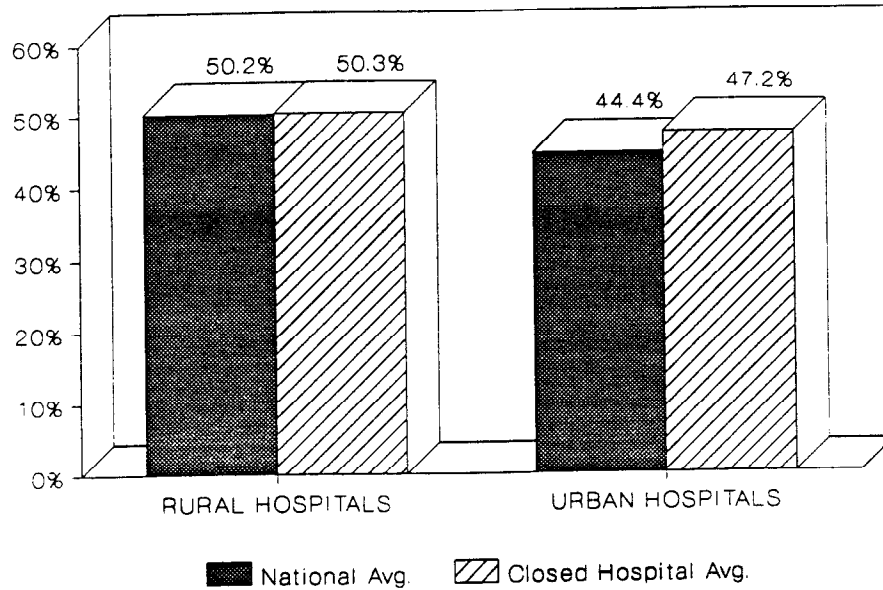
Occupancy: Occupancy rates for closed rural and urban hospitals were significantly lower than the national averages.¹

OCCUPANCY RATES WERE LOW

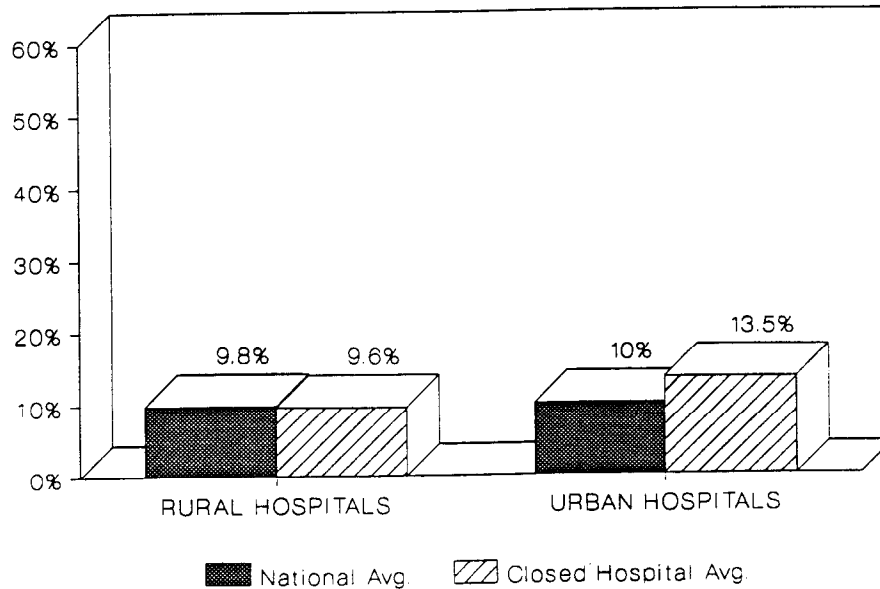


Medicare and Medicaid Utilization: No significant difference exists in the average Medicare and Medicaid utilization among *rural* hospitals that closed and all rural hospitals nationwide. In *urban* areas, the average Medicaid utilization among hospitals that closed is higher than the nationwide average (13.5% vs. 10%), and the average Medicare utilization among hospitals that closed is slightly higher than the nationwide average (47.2% vs. 44.4%).²

MEDICARE UTILIZATION



MEDICAID UTILIZATION



Why Did They Close?

As in the previous 1987 and 1988 hospital closure studies, the many health care professionals interviewed for 1989 closures reported no single reason for hospital closure. Hospitals closed in 1987 and 1988 because of the interrelated factors of declining occupancy, lagging revenues and rising costs. Hospital viability was said to depend on the stability of all three factors. The weakening of one may begin a chain reaction eventually leading to hospital closure.

Although the sequence and combination of these factors were not always the same, generally the scenario was as follows:

The hospital's OCCUPANCY begins to slide because a doctor leaves town or retires, or begins to admit patients to a more modern hospital not far away. Also, the Peer Review Organization (PRO) is said to be scrutinizing admissions more closely, and local physicians are cautious about admitting patients whose claims may be disallowed later by the PRO. Lengths of stay are down because of prospective payment pressures and more effective treatment methods. A new ambulatory surgical center has opened and is also drawing away some of the hospital's surgical cases.

While occupancy is declining, the hospital's COSTS continue to rise. Competition with other hospitals means that new, high technology equipment is needed. Nurses and technicians are demanding higher salaries — and they're getting them from other hospitals nearby. The building may be deteriorating but the hospital hasn't been able to fully fund its capital reserves for several years.

On the other hand, patient care REVENUE is down because of lower occupancy and more uninsured or inadequately insured patients. For those who do have coverage, either public or private, insurers are holding down their costs and squeezing the hospital's bottom line.

Soon the hospital administrator is unable to manage the situation, and the Board examines its options: sell the hospital; merge with another, more stable hospital; or close.

The smaller the hospital, the less able it is to resist this downward spiral. As noted earlier, the average size of the 76 hospitals that closed in 1989 was only 44 beds for rural hospitals, and 103 beds for urban hospitals. They are significantly smaller than the nationwide averages.

Planned Closures

Some hospital administrations and communities have long realized the possibility of their hospitals closing. They planned to use the closing as an opportunity to reassess and improve community health care.

Three hospitals closed in 1989 as part of a plan to upgrade community hospital care:

- In Laurens County, South Carolina, the community decided not to upgrade the two existing hospitals located 12 miles apart, but instead to build a new hospital in the County. Bailey Memorial Hospital and Laurens District Hospital both closed in 1989, and the new centrally located Laurens Hospital opened.
- Wheeler Hospital, in Gilroy, California had no room to expand and upgrade. The hospital closed after a new hospital, South Valley Hospital, was constructed 3 miles away.

Other hospitals closed as acute care facilities as part of a plan to better meet the needs of the community. For example:

- In Meridian, Mississippi, Physicians Hospital closed as an acute care hospital, but was reopened by community physicians as a psychiatric hospital with a chemical dependency unit. These services had been previously unavailable in the community.
- In Michigan City, Indiana, a community needs assessment showed an excess of acute care beds but a shortage of psychiatric inpatient services. Kingwood Hospital was converted from an acute care general hospital to a psychiatric hospital.
- In Darlington, South Carolina, the community needed a nursing home, but had an excess of acute care beds. Southland Medical Center was closed as an acute care hospital and opened as a nursing home.

In a few cases, the hospital closed to reduce competition with an affiliated hospital. For example, White River Medical Center, in Batesville, Arkansas bought Gray's Hospital, only 2 miles away. The hospitals' administration saw no reason for two hospitals owned by the same company to compete directly with each other, and closed the acute care service at Gray's Hospital.

IMPACT OF HOSPITAL CLOSURE

In communities where hospitals closed in 1989, this study assessed:

- the number of patients affected by the closure of the hospital;
- the availability of inpatient care and emergency medical services to communities in which hospitals closed; and
- the current use of the closed hospital facility.

How Many Patients Were Affected?

Few patients were affected by hospital closure. For rural hospitals that closed in 1989, the average daily census in the year prior to closure was 10 patients. The urban hospitals had an average daily census of 31 patients.

**WHEN HOSPITALS CLOSED,
HOW MANY PATIENTS WERE AFFECTED?**

	Rural Hospitals	Urban Hospitals
Average Number of Beds	43.7	102.8
Average Occupancy Rate	x 22.3%	x 29.9%
Average Patient Census	9.7	30.7

Medicare utilization data were analyzed to determine the number of elderly patients affected by hospital closure in 1989. In rural hospitals that closed, five Medicare patients were in the hospital on an average day in the year prior to closure. In the urban hospitals that closed, there were 15 Medicare patients.

**WHEN HOSPITALS CLOSED,
HOW MANY MEDICARE PATIENTS WERE AFFECTED?**

	Rural Hospitals	Urban Hospitals
Average Patient Census	9.7	30.7
Average Medicare Utilization Rate	x 50.3%	x 47.2%
Average Medicare Patients	4.9	14.5

Are Inpatient Care and Emergency Services Available?

Availability of inpatient and emergency medical care was measured in miles from the closed hospital to the nearest inpatient and emergency facilities.

Inpatient Care: In most communities where a hospital closed in 1989, inpatient hospital care is available nearby.

Rural: Residents in 82 percent of the rural communities where a hospital closed can get inpatient care within 20 miles of the closed hospital.

Residents of only one rural community must travel more than 30 miles for inpatient care. Since the closure of Sterling County Hospital, residents of Sterling City, Texas must travel 40 miles for inpatient care. Sterling City has emergency care services,

located in the former hospital, to stabilize patients prior to transporting them to an acute care hospital.

Urban: In all but two of the 33 urban communities where a hospital closed in 1989, inpatient care is available within 10 miles of the closed hospital. Twenty-three of the closed hospitals are within 3 miles of an inpatient hospital.

AVAILABILITY OF INPATIENT CARE

Distance from Closed Hospital to Nearest Open Hospital		
	Rural	Urban
Within 10 Miles	18 (42%)	31 (94%)
11 - 20 Miles	17 (40%)	1 (3%)
21 - 30 Miles	7 (16%)	1 (3%)
More Than 30 Miles	1 (2%)	0 (0%)

Emergency Services: When a hospital closes, the community loses not only inpatient beds, but also emergency services.

Rural: In all 43 cases of closed *rural* hospitals, emergency care facilities are available within 30 miles of the closed hospital.

In eight of the 43 rural communities where hospitals closed, residents had to travel more than 20 miles for emergency care. In those communities, ambulance services and physician services are available.

NEAREST EMERGENCY SERVICES TO CLOSED RURAL HOSPITALS

Distance	Number of Closed Hospitals
Within 10 Miles	18
11 - 20 Miles	17
21 - 30 Miles	8
More Than 30 Miles	0
Total	43

Urban: In all but six urban communities where a hospital closed, emergency care facilities are less than 3 miles from the closed hospital.

Emergency care facilities in five of the remaining six communities are within 11 miles from the closed hospital. Residents of Granville, New York must travel 23 miles for emergency care. Granville has a health clinic, physicians, and ambulance service available.

What Is the Building Used For Now?

Forty-four (58%) of the closed hospital facilities are currently being used. Three of the hospitals reopened in 1990. The other facilities, while ceasing to operate as acute care hospitals, continue to provide services to the community. For example:

- Caney Clinic which opened in the former hospital facility in Caney, Kansas provides outpatient and 24-hour emergency services;
- Malheur Memorial Hospital in Nyssa, Oregon is now a rural health clinic;
- George Ade Memorial Hospital in Brook, Indiana has been converted to a nursing home; and
- St. Joseph's Hospital in Alton, Illinois now renamed St. Clare's, offers substance abuse, psychiatric, occupational health and extended care services as well as radiation therapy for cancer patients.

The following chart illustrates the current use of all 76 hospitals closed in 1989.

CURRENT USE OF CLOSED HOSPITALS

Current Use of Building	Number of Former Hospitals*	
	Rural	Urban
Reopened Hospital	2	1
Specialty Treatment Facility (e.g. chemical dependency)	2	4
Long-Term Care Facility	14	5
Outpatient Services/Clinic	9	9
Offices	4	2
Other	2	0
Vacant	16	14

*Duplicate count. In eight of the 76 former hospitals more than one service is now offered.

Plans are being made for 12 of the currently vacant hospitals to be used for other types of health care services. For example, Mauritz Hospital in Ganado, Texas has plans to be converted to an alcohol and drug treatment hospital.

Plans are also being made for several of the closed facilities to reopen as acute care hospitals.

SUMMARY

Seventy-six hospitals closed in 1989. Their characteristics were similar to hospitals that closed in 1987 and 1988. Most hospitals that closed in 1989 were small and had low occupancy. When a hospital closed, few patients were affected. Most had emergency and inpatient medical care available within 20 miles.

ENDNOTES

1. Hospital occupancy rate is defined as the actual number of patient days divided by the total bed days available. National occupancy rate is defined as the sum of all hospitals' occupancy rates, divided by the number of hospitals.
2. Average Medicare utilization of closed urban and rural hospitals is defined as the percent of Medicare patient days compared to the total patient days for each hospital, summed and divided by the number of hospitals. National average Medicare utilization is the percent of Medicare utilization of each hospital, summed and divided by the total number of hospitals. Medicaid utilization is calculated in the same way.

APPENDIX A

METHODOLOGY

Phenomenon of closure

To determine how many hospitals closed in 1989, we contacted all 50 State licensing and certification agencies. We also contacted State hospital associations and State health planning agencies. When a closed hospital met the study's definition or when there were questions, we made contact with officials associated with the closed hospitals and officials associated with hospitals nearest to the closed hospital.

To determine the number of hospitals in the United States, we used the Hospital Cost Report Information System (HCRIS) maintained by the Health Care Financing Administration (HCFA). We included only the general, short-term, acute care hospitals under Medicare's Prospective Payment System (PPS) in the universe. There were 5,396 hospitals listed. This was the current universe, at the time of inquiry, of short-term, acute care, general hospitals on HCRIS for the fifth year of PPS (PPS 5).

Characteristics of closed hospitals

To analyze characteristics of closed hospitals, we used HCFA's HCRIS data. Cost reports were not available for 2 of the 76 closed hospitals because they reported to Medicare as part of a corporate system, rather than as an individual hospital, in the years prior to closure. For the remaining 74 hospitals, we used the latest pre-closure cost reports containing sufficient data. For example, if a hospital closed in May 1989 and its accounting year was on a January-December cycle, we used the provider's January 1, 1988 to December 31, 1988 report.

Reasons for hospital closure

We contacted officials of the following organizations to determine the reasons for 1989 hospital closure:

- State hospital associations;
- State health planning agencies;
- State certification and licensing agencies;
- closed hospitals; and
- nearest hospitals to closed hospitals.

Impact of hospital closure

We limited the “impact” issues to distance from the closed hospital to the nearest still-operating hospitals and to emergency services. To determine this, we contacted many of the following:

- former hospital administrators, board members, and/or staff;
- hospital administrators and/or staff at the nearest hospitals;
- local police and health officials;
- local government officials;
- State health planning agencies;
- State certification and licensing agencies; and
- State hospital associations.

APPENDIX B

1989 HOSPITAL CLOSURES

<i>Number of Closures by State</i>	<i>Number of Rural</i>	<i>Number of Urban</i>
Texas	13	10
Illinois	7	2
Mississippi	6	6
Colorado	5	2
Michigan	4	3
Minnesota	3	3
Nebraska	3	3
New York	3	1
South Carolina	3	3
Arkansas	2	1
California	2	0
Indiana	2	2
Kansas	2	1
Louisiana	2	0
Maine	2	1
Massachusetts	2	0
Oklahoma	2	1
Oregon	2	2
Arizona	1	0
Florida	1	0
Maryland	1	0
New Jersey	1	0
North Carolina	1	1
Ohio	1	0
Pennsylvania	1	0
Rhode Island	1	0
South Dakota	1	1
Tennessee	1	0
Washington	1	0
<i>29 States</i>	<i>76 Closures</i>	<i>43 Rural</i>
		<i>33 Urban</i>

1989 HOSPITAL CLOSURES BY NAME AND LOCATION

<i>Hospital Name</i>	<i>City</i>	<i>State</i>	<i>Rural/ Urban</i>
Central Ozarks Medical Center	Yellville	AR	rural
Gray's Hospital	Batesville	AR	urban
Scottsdale Community Hospital	Scottsdale	AZ	urban
Channel Islands Community Hospital	Oxnard	CA	urban
Wheeler Hospital	Gilroy	CA	urban
Rocky Mountain Hospital	Denver	CO	urban
Doctors Hospital	Colorado Springs	CO	urban
AMC Cancer Research Center	Lakewood	CO	urban
Monte Vista Community Hospital	Monte Vista	CO	rural
Walsh District Hospital	Walsh	CO	rural
AMI Southeastern Medical Center	North Miami Beach	FL	urban
Lutheran General Hospital	Park Ridge	IL	urban
St. Joseph's Hospital	Alton	IL	urban
Mount Sinai North Hospital	Chicago	IL	urban
Sheridan Road Hospital	Chicago	IL	urban
La Harpe Hospital	La Harpe	IL	rural
Pearce Hospital	Eldorado	IL	rural
Gateway Community Hospital	East St. Louis	IL	urban
George Ade Memorial Hospital	Brook	IN	rural
Kingwood Hospital	Michigan City	IN	rural
Caney Municipal Hospital	Caney	KS	rural
Memorial Hospital Corporation of Topeka	Topeka	KS	urban
Montelepre Memorial Hospital	New Orleans	LA	urban
Our Lady of Lourdes of St. Martinsville	St. Martinsville	LA	urban
Van Buren Community Hospital	Van Buren	ME	rural
Taylor Hospital	Bangor	ME	urban
Parkwood Hospital	Clinton	MD	urban
Choate Hospital	Woburn	MA	urban
Sancta Maria Hospital	Cambridge	MA	urban
Redford Community Hospital	Redford	MI	urban
Thorn Hospital	Hudson	MI	rural
Mackinac Straits Hospital and Health Center	St. Ignace	MI	rural
Russell Memorial Hospital	Onaway	MI	rural
St. Mary's Hospital	Winsted	MN	rural
Caledonia Health Care Center	Caledonia	MN	rural
Gaylord Community Hospital	Gaylord	MN	rural
Physicians Hospital	Meridian	MS	rural
South Washington County Hospital	Hollandale	MS	rural
South Mississippi State Hospital	Laurel	MS	rural
Kuhn Memorial State Hospital	Vicksburg	MS	rural

<i>Hospital Name</i>	<i>City</i>	<i>State</i>	<i>Rural/ Urban</i>
Matty Hersee Hospital	Meridian	MS	rural
West Scott Baptist Hospital	Morton	MS	rural
Wakefield Healthcare Center	Wakefield	NE	rural
Fritzer Memorial Hospital	Oxford	NE	rural
Community Memorial Hospital	Burwell	NE	rural
St. Mary's Hospital	Orange	NJ	urban
Arnold Gregory Memorial Hospital	Albion	NY	urban
Emma Laing Stevens Hospital	Granville	NY	urban
Community Hospital	Stamford	NY	rural
Robersonville Community Hospital	Robersonville	NC	rural
Wellington Community Hospital	Wellington	OH	urban
Moots Osteopathic Hospital	Pryor	OK	rural
City of Faith Hospital	Tulsa	OK	urban
Harvey E. Rinehart Memorial Hospital	Wheeler	OR	rural
Malheur Memorial Hospital District	Nyssa	OR	rural
St. John's Health and Hospital Center	Pittsburgh	PA	urban
Notre Dame Hospital	Central Falls	RI	urban
Laurens District Hospital	Laurens	SC	rural
Bailey Memorial Hospital	Clinton	SC	rural
Southland Medical Center	Darlington	SC	rural
Kingsbury County Memorial Hospital	Lake Preston	SD	rural
Northwest General Hospital	Knoxville	TN	urban
St. Edward Hospital	Cameron	TX	rural
Seton Holy Cross	Austin	TX	urban
South Plains Hospital Clinic	Amherst	TX	rural
Hall-Bennett Memorial Hospital	Big Spring	TX	rural
Archer County Hospital	Archer City	TX	rural
Sterling County Hospital	Sterling City	TX	rural
San Saba Hospital	San Saba	TX	rural
Menard Hospital	Menard	TX	rural
Newton County Memorial Hospital	Newton	TX	rural
Leon Memorial Hospital	Buffalo	TX	rural
Pioneer Park Hospital	Irving	TX	urban
HCA Mansfield Hospital	Mansfield	TX	urban
Mauritz Memorial Hospital	Ganado	TX	rural
Medical Dental Hospital	Seattle	WA	urban

