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# HOSPITAL CLOSURE: 1988

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The purpose of this inspection, entitled "Hospital Closure: 1988," is to describe the phenomenon of hospital closure in the United States.

This inspection was performed under the direction of Linda Herzog, the Regional Inspector General of the Region IV Office of Evaluation and Inspections. Participating in the project were:

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## EXECUTIVE SUMMARY

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### 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 1988, and compares hospitals closed in 1988 with those closed in 1987.

### BACKGROUND

The closure of hospitals in recent years has generated increasing public and congressional concern. At the request of the Secretary 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 closures to determine trends and effects of the phenomenon.

### FINDINGS

This inspection found that in 1988:

Eighty-eight general, acute care hospitals closed — 19 more than in 1987. They were located in 29 States. Four of these hospitals have since reopened.

Four *new* general, acute care hospitals opened in 1988. Eight hospitals which closed in prior years reopened in 1988.

Fifty of the closed hospitals were rural; 38 were urban. In relation to their numbers nationwide, a higher percentage of rural hospitals (1.9%) closed in 1988 than urban hospitals (1.3%).

Hospitals that closed were significantly smaller and had lower occupancy rates than the national averages for both rural and urban hospitals.

The average Medicare utilization of hospitals that closed is not significantly different from Medicare utilization of all hospitals nationwide. The average Medicaid utilization among hospitals that closed is slightly higher than national norms.

The reasons for hospitals closing in 1988 are identical to those reported for hospitals closing in 1987. No single factor or event caused hospitals to close. Rather, a number of factors gradually weakened the financial condition of these hospitals. Hospitals that closed were reported to have had:

- declining revenues due to fewer admissions, lower third-party reimbursement, and increasing uncompensated care; and

- rising costs due to increasing demands for new medical technology, skilled personnel, and facility repair and renovation.

Emergency and inpatient medical care is available nearby for most communities where hospitals closed.

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## INTRODUCTION

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### 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 1988, and compares hospitals closed in 1988 with those closed in 1987.

### 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. The Office of Inspector General (OIG) released a report in May 1989 describing the phenomenon of hospital closures in the United States in 1987. That study found that 69 hospitals closed in 1987. They were small and had low occupancy rates. When the hospitals closed, few patients were affected. In most cases, inpatient and emergency medical care was available nearby.

The 1987 hospital closure study was presented to the Secretary of the Department of Health and Human Services (HHS) and the U.S. House Ways and Means Health Subcommittee. The Secretary asked the Inspector General to continue analysis of the phenomenon. He wanted to learn about possible differences in the rate of hospital closures, and in the characteristics and circumstances of hospitals closing their doors. This inspection and a companion inspection, "Effects of 1988 Rural Hospital Closures on Access to Medical Care" (OEI-04-89-00742), respond to those questions.

### SCOPE

This study identifies specific characteristics and experiences of short-term, acute care hospitals that closed in 1988.

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 1988. If a hospital merged with or was sold to another hospital and the physical plant remained open for inpatient acute care, it was not considered a closure.

If a hospital closed and reopened in 1988, it also was not considered a closure. If a hospital closed in 1987, reopened in 1988, and closed again in 1988, it was counted as a closure for 1987 but not again in 1988.

## **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.

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## FINDINGS

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The study of hospitals closed in 1988 found that:

- Eighty-eight general, acute care hospitals closed in the United States during 1988 — 1.6 percent of all hospitals.
- Nineteen more hospitals closed in 1988 than in the previous year. The characteristics of, reasons for, and impact of closures were similar.
- Most hospitals that closed were small and had low occupancy. When a hospital closed, few patients were affected. Most had emergency and inpatient medical care available nearby.

### EXTENT AND NATURE OF HOSPITAL CLOSURE

#### *How Many Closed?*

Of the 6,800 hospitals nationwide, 5,449 are listed on HCFA's data base as general, short-term, acute care, Medicare-participating hospitals. During Calendar Year 1988, 88 of these closed — 1.6 percent of the hospitals nationwide.

<b>HOSPITALS IN U.S.:</b>	<b>5,449</b>
<b>CLOSED IN 1988:</b>	<b>88 (1.6%)</b>

The closed hospitals had a total of 5,893 available beds. The number of beds lost when hospitals closed equaled 0.65 percent of general, acute care beds nationwide.

The closed hospitals were located in 29 States. Texas had the most closures (18). Other States with multiple closures included Alabama (7), California (5), Illinois (5), Louisiana (5), Missouri (5), and West Virginia (5). Eleven States had only one closure. Appendix B has a list of the 1988 closures by State.



In relation to their numbers nationwide, a higher percentage of rural hospitals (1.9%) closed in 1988 than urban hospitals (1.3%).

	RURAL	URBAN
<b>HOSPITALS IN THE U.S.:</b>	<b>2,593</b>	<b>2,856</b>
<b>CLOSED IN 1988:</b>	<b>50 (1.9%)</b>	<b>38 (1.3%)</b>

### *How Many Opened?*

Only four new general, acute care hospitals opened during 1988. These openings added 475 beds to the national supply of beds.

In addition to the new openings during 1988, 8 hospitals that closed prior to 1988 reopened in 1988, adding another 391 beds.

Four hospitals that closed in 1988 have since reopened, adding 233 beds.

### *What Were the Closed Hospitals Like?*

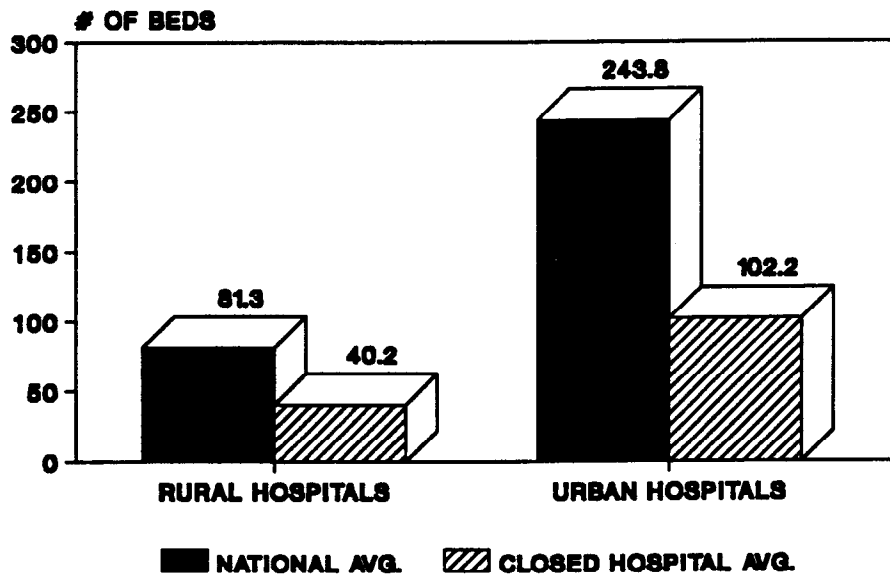
**Size:** Hospitals that closed in 1988 were small. More than three-quarters had 100 beds or fewer.

### SIZE OF CLOSED HOSPITALS

Number of Beds	HOSPITALS			
	Rural	Urban	Total	Percent
<b>0 - 29</b>	<b>18</b>	<b>4</b>	<b>22</b>	<b>25.0%</b>
<b>30 - 49</b>	<b>20</b>	<b>3</b>	<b>23</b>	<b>26.1%</b>
<b>50 - 99</b>	<b>11</b>	<b>12</b>	<b>23</b>	<b>26.1%</b>
<b>100 - 199</b>	<b>1</b>	<b>15</b>	<b>16</b>	<b>18.2%</b>
<b>200 - 299</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>4.6%</b>
<b>300 +</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>TOTALS</b>	<b>50</b>	<b>38</b>	<b>88</b>	<b>100%</b>

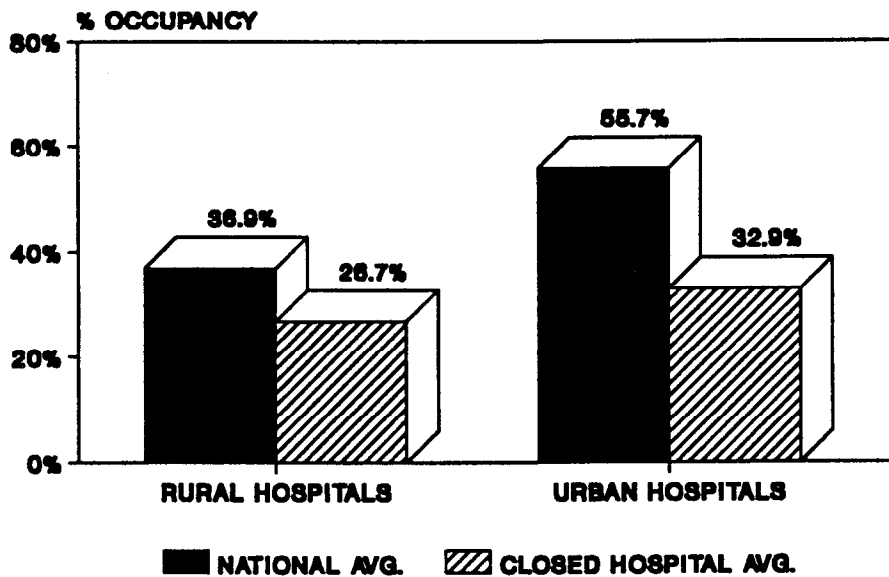
Closed hospitals in both rural and urban areas are significantly smaller than their national averages.

### HOSPITALS THAT CLOSED WERE SMALL



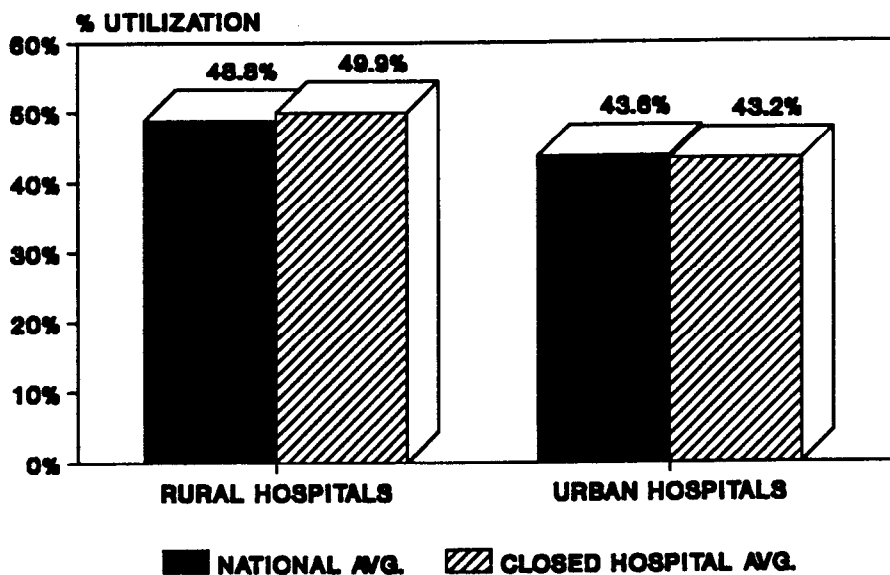
Occupancy: Occupancy rates for closed rural and urban hospitals were lower than the national averages.<sup>1</sup>

### OCCUPANCY RATES WERE LOW

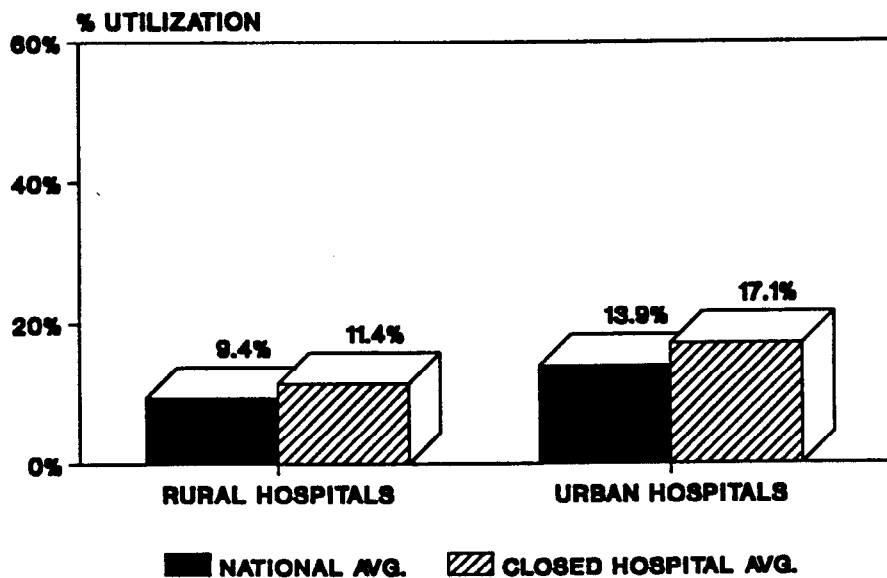


**Medicare and Medicaid Utilization:** No significant difference exists in the average *Medicare* utilization among hospitals that closed and all hospitals nationwide. The average *Medicaid* utilization among hospitals that closed is slightly higher than nationwide averages for rural and urban hospitals.<sup>2</sup>

### MEDICARE



### MEDICAID



### ***Why Did They Close?***

The reasons for hospitals closing in 1988, as reported by many health care professionals during the course of this study, are identical to the reasons described in the OIG report "Hospital Closure: 1987." The report, released in May 1989, indicated no single reason for hospital closure. Rather, a number of factors caused a kind of "domino" series of failures which eventually led to the closure of the hospital.

- **Declining Occupancy**
- **Lagging Revenues**
- **Rising Costs**

As occupancy declined, revenues lagged, but costs continued to rise. Operating margins shrank, and ultimately there was no choice but to sell, merge with another hospital, or close the doors. The following is an abbreviated version of the reasons reported in "Hospital Closure: 1987":

**Declining Occupancy:** Hospital occupancy is a function of the number of admissions and the lengths of hospital stay. Respondents cite fewer admissions as the main cause of declining occupancy.

Physicians control where patients are admitted for inpatient care. A number of reasons were given for dwindling physician referrals to most of the 88 hospitals that closed in 1988.

- Physician availability is a problem in rural areas.
- Physicians lost confidence in the local hospital.
- Patients, too, preferred other hospitals.
- Doctors may be admitting patients less readily due to more careful scrutiny of hospital admissions by Medicare Peer Review Organizations.
- Competition among hospitals is intense.
- Increased mobility has expanded patients' choices among hospitals.
- Medical advances and new technology have allowed some procedures that formerly required a hospital stay to be performed on an outpatient basis.

**Lagging Revenues:** Lower occupancy means less income for hospitals. Respondents also mentioned these reasons for declining hospital revenue:

- Patients without hospital insurance, or with inadequate insurance, create substantial losses for the hospital.
- Insurers are better controlling their costs.
- Medicare payment differentials based on hospital location generally result in rural hospitals receiving lower payments than urban hospitals.

**Rising Costs:** According to many respondents, hospital costs are rising despite efforts to curb them. These are some of the important factors cited by respondents:

- New medical technology is a major capital expense.
- Labor costs are increasing, and competition is keen for scarce nursing and technical staff.
- Deteriorating facilities require major capital investment to renovate and modernize.

Health care planners, regulators, and hospital administrators contacted during the course of this inspection described these factors—occupancy, revenue, and cost—as intricately related and interdependent. Hospital viability was said to depend on the stability of all three. The weakening of one may begin a chain reaction eventually leading to hospital closure.

Small hospitals are least able to defend against this downward spiral. Hospitals which closed in 1988 were significantly smaller than average. All of them had encountered some or all of the problems described here.

## **IMPACT OF HOSPITAL CLOSURE**

In communities where a hospital closed in 1988, 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 the closure of hospitals in 1988. In the year prior to closure, rural hospitals had an average daily census of 11 patients, and the urban hospitals had an average daily census of 34 patients.

<b>WHEN HOSPITALS CLOSED, HOW MANY PATIENTS WERE AFFECTED?</b>		
	<b>Rural Hospitals</b>	<b>Urban Hospitals</b>
<b>Average Number of Beds</b>	<b>40.2</b>	<b>102.2</b>
<b>Average Occupancy Rate</b>	<b><u>x 26.7%</u></b>	<b><u>x 32.9%</u></b>
<b>Average Patient Census</b>	<b>10.7</b>	<b>33.6</b>

Medicare utilization data were analyzed to determine the number of elderly patients affected by hospital closure in 1988. In closed rural hospitals, only five Medicare patients were in the hospital on an average day prior to closure. Closed urban hospitals had an average daily Medicare census of 15.

<b>WHEN HOSPITALS CLOSED, HOW MANY MEDICARE PATIENTS WERE AFFECTED?</b>		
	<b>Rural Hospitals</b>	<b>Urban Hospitals</b>
<b>Average Patient Census</b>	<b>10.7</b>	<b>33.6</b>
<b>Average Medicare Utilization Rate</b>	<b><u>x 49.9%</u></b>	<b><u>x 43.2%</u></b>
<b>Average Medicare Patient</b>	<b>5.3</b>	<b>14.5</b>

### ***Are Inpatient Care and Emergency Services Available?***

This study determined the *availability* of medical care to residents of communities where hospitals closed. It did not evaluate the accessibility and utilization of the nearest available services.

To more fully address the question of access, a companion study was conducted. "Effects of 1988 Rural Hospital Closures on Access to Medical Care" determines how access to medical care in rural communities was affected when local hospitals closed in 1988.

Availability of inpatient and emergency medical care, for purposes of this report, was measured in miles from the closed hospital to the nearest inpatient and emergency facility.

**Inpatient Care:** In most communities where a hospital closed in 1988, inpatient hospital care is available nearby.

Three-quarters of the 50 *rural* communities where a hospital closed can get inpatient care within 20 miles of the closed hospital. Residents of four communities must travel more than 30 miles for inpatient care:

- Ekalaka, Montana - 36 miles
- Kearny, Arizona - 50 miles
- Metaline Falls, Washington - 50 miles
- Cuba, New Mexico - 80 miles

The communities of Ekalaka, Kearny, and Cuba have emergency care services to stabilize patients prior to transporting them to acute care hospitals. Although Metaline Falls has no physician in the community, there is ambulance service and a clinic with a nurse practitioner.

In all but three *urban* communities where a hospital closed in 1988, inpatient care is available within 10 miles of the closed hospital. In more than half of those communities, another hospital is less than a mile away. The remaining three communities are within 20 miles of an inpatient hospital.

<b>AVAILABILITY OF INPATIENT CARE</b> <b>Distance from Closed Hospital to Nearest Open Hospital</b>		
	<b>Rural</b>	<b>Urban</b>
<b>Within 10 Miles</b>	<b>20 (40%)</b>	<b>35 (92%)</b>
<b>11 - 20 Miles</b>	<b>17 (34%)</b>	<b>3 ( 8%)</b>
<b>21 - 30 Miles</b>	<b>9 (18%)</b>	<b>0 ( 0%)</b>
<b>More Than 30 Miles</b>	<b>4 ( 8%)</b>	<b>0 ( 0%)</b>

**Emergency Services:** In all 50 cases of closed *rural* hospitals, emergency care facilities are available within 30 miles of the closed hospital.

<b>NEAREST EMERGENCY SERVICES TO CLOSED RURAL HOSPITALS</b>	
<b>DISTANCE</b>	<b>Number of Closed Hospitals</b>
<b>Same Town</b>	<b>17</b>
<b>Within 10 miles</b>	<b>10</b>
<b>11 - 20 miles</b>	<b>16</b>
<b>21 - 30 miles</b>	<b>7</b>
<b>More than 30 Miles</b>	<b>0</b>
<b>TOTAL</b>	<b>50</b>

In 33 of the 38 *urban* communities where a hospital closed, emergency care facilities are less than 3 miles from the closed hospital. The remaining five urban communities are within 20 miles of the nearest emergency care facility.



***What Is the Building Used For Now?***

Forty percent of the closed hospital facilities are currently being used. These facilities, while ceasing to operate as acute care hospitals, continue to provide services to the community. For example:

- Tucker County Hospital facility in Parsons, West Virginia continues to provide outpatient and 24-hour emergency services;
- Gaston Episcopal Hospital in Dallas, Texas is now a rehabilitation hospital;
- Woodruff County Hospital in McCrory, Arkansas is now a nursing home;
- Frank Cuneo Hospital in Chicago, Illinois has been converted to a shelter for abused children; and
- Jamestown Hospital in Jamestown, New York is currently an alcohol rehabilitation and mental health facility.

<b>CURRENT USE OF CLOSED HOSPITALS</b>		
<b>Current Use of Building</b>	<b>Number of Former Hospitals*</b>	
	<b>Rural</b>	<b>Urban</b>
<b>Reopened Hospital</b>	<b>2</b>	<b>2</b>
<b>Specialty Treatment Facility (e.g. chemical dependency)</b>	<b>2</b>	<b>7</b>
<b>Long-Term Care Facility</b>	<b>5</b>	<b>1</b>
<b>Outpatient Services/Clinic</b>	<b>11</b>	<b>5</b>
<b>Offices</b>	<b>1</b>	<b>6</b>
<b>Social Services</b>	<b>2</b>	<b>3</b>
<b>Vacant</b>	<b>33</b>	<b>17</b>

\*Duplicate count. In nine of the 88 former hospitals more than one service is now offered.

Plans are being made for 13 of the currently vacant hospitals to be used for other types of health care services. For example, the English Park Medical Center in Marion, South Carolina will become a nursing home. Fairview Hospital in Bayou Vista, Louisiana is being converted to a mental health and substance abuse clinic.

Plans are being made for several of the closed facilities to reopen as acute care hospitals. For example, Mt. Linton Hospital in Metaline Falls, Washington will reopen as soon as the community recruits a physician.

## DIFFERENCES BETWEEN 1987 AND 1988 HOSPITAL CLOSURES

### *Number Closed*

Nineteen more hospitals closed in 1988 than in 1987, 13 more rural and 6 more urban hospitals.

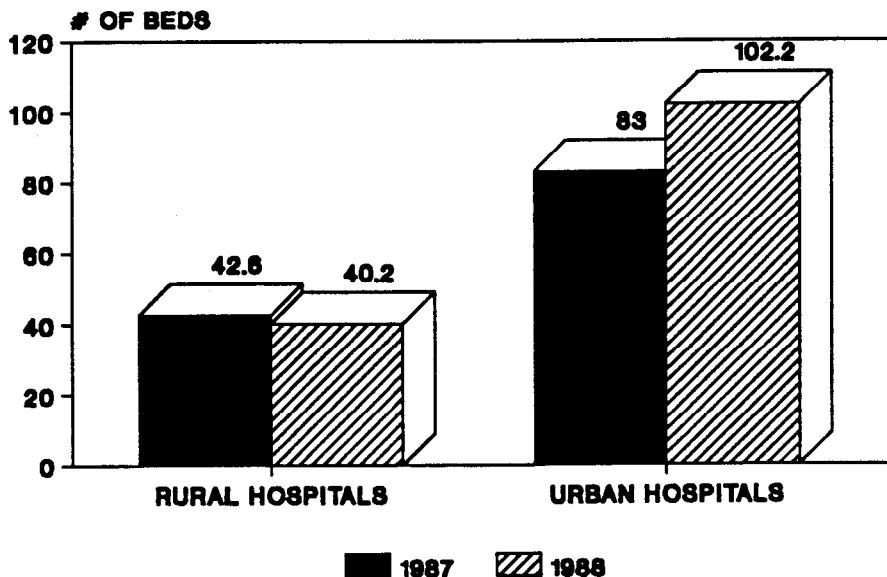
Thirty-five States had at least one hospital close in the 2-year period. Twenty-one States had hospitals close in both years.

Fifty percent of all the hospitals closed in the 2-year period were in Texas (32), Alabama (10), California (10), Illinois (9), Louisiana (9), and Michigan (8). Appendix B lists, by State, the number of hospitals closed in the 2-year period.

### *Size*

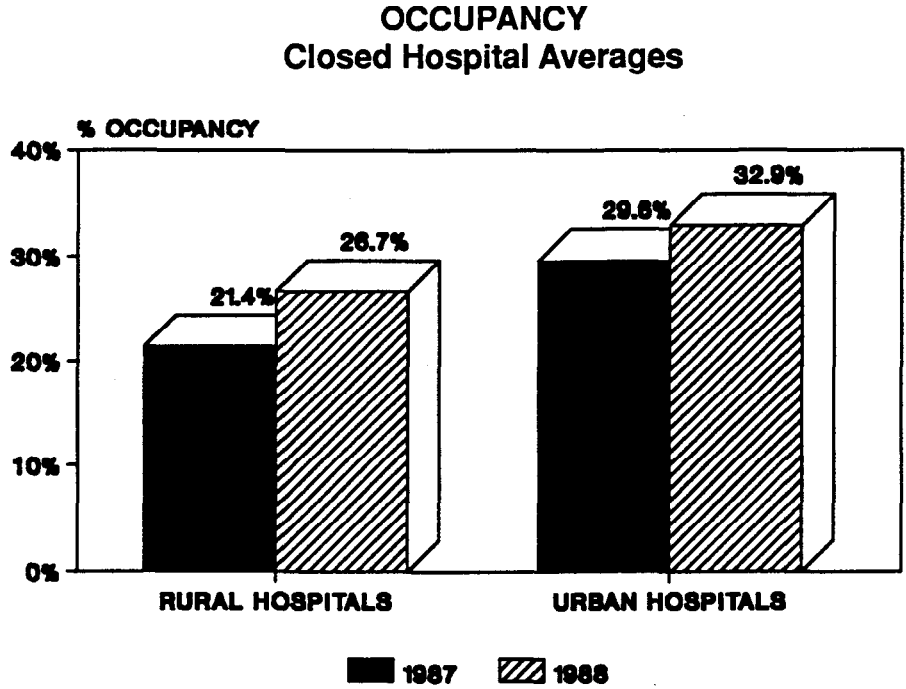
Urban hospitals that closed in 1988 had, on average, 19 more beds than those that closed in 1987. There was no significant difference for rural hospitals in the 2-year period.

**SIZE BY NUMBER OF BEDS**  
Closed Hospital Averages



**Occupancy**

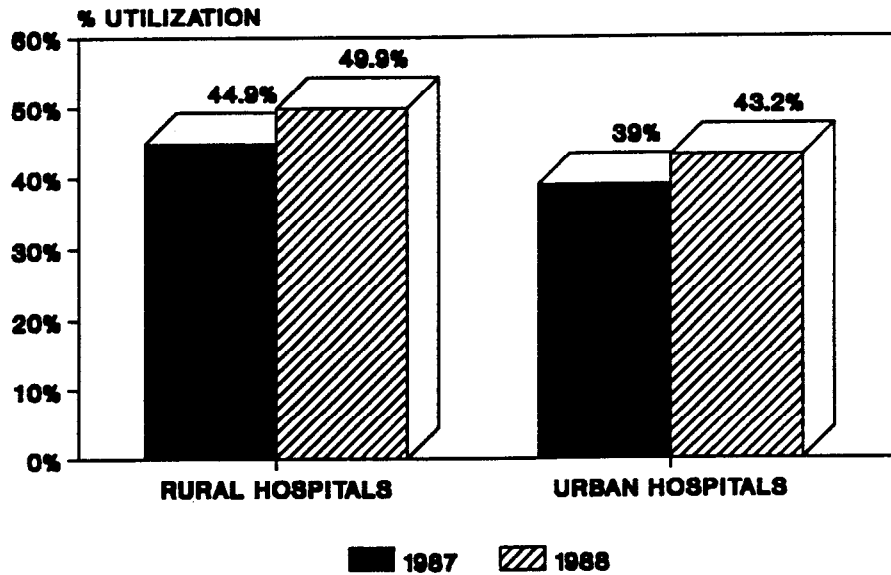
The occupancy rate of closed hospitals, on average, was slightly higher in 1988 compared to closed hospitals in 1987.



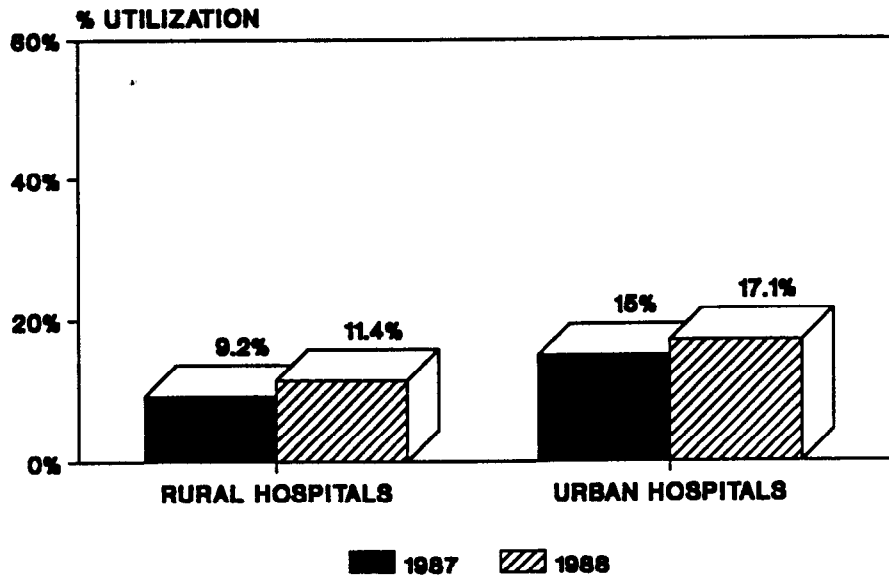
**Utilization**

Medicare and Medicaid utilization was, on average, slightly higher for closed hospitals in 1988 compared to closed hospitals in 1987.

### MEDICARE Closed Hospital Averages



### MEDICAID Closed Hospital Averages



### SUMMARY

Eighty-eight hospitals closed in 1988. While more hospitals closed in 1988 than in the previous year, the characteristics of, reasons for, and impact of closures were similar. Most hospitals that closed were small and had low occupancy. When a hospital closed, few patients were affected. Most had emergency and inpatient medical care available nearby.

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## ENDNOTES

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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.

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## APPENDIX A

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### METHODOLOGY

#### *Phenomenon of closure*

To determine how many hospitals closed in 1988, 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 the hospital 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 5,449 hospitals listed. This was the current universe, at the time of inquiry, of short-term, acute care, general hospitals on HCRIS for the fourth year of PPS (PPS 4).

#### *Characteristics of closed hospitals*

To analyze characteristics of closed hospitals, we used HCFA's HCRIS data. Cost reports were not available for 3 of the 88 closed hospitals because they were not Medicare providers in the years prior to closure. For the remaining 85 hospitals, we used the latest cost reports prior to closure containing sufficient data. For example, if a hospital closed in May 1988 and its accounting year was on a January-December cycle, we used the provider's January 1, 1987 to December 31, 1987 report.

#### *Reasons for hospital closures*

We contacted officials of the following organizations to determine the reasons for 1988 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.

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## APPENDIX B

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### NUMBER OF HOSPITAL CLOSURES: 1987 and 1988

<i><b>Ranked By State</b></i>	<i><b>Number Closed</b></i>		
	<i><b>1987</b></i>	<i><b>1988</b></i>	<i><b>2-Year Total</b></i>
Texas	14	18	32
Alabama	3	7	10
California	5	5	10
Illinois	4	5	9
Louisiana	4	5	9
Michigan	6	2	8
Missouri	1	5	6
West Virginia	1	5	6
Wisconsin	2	4	6
Arkansas	3	2	5
Minnesota	5	0	5
New York	2	3	5
Massachusetts	2	2	4
Tennessee	0	4	4
Washington	3	1	4
Arizona	1	2	3
Georgia	1	2	3
Montana	1	2	3
Oklahoma	1	2	3
Idaho	1	1	2
Nebraska	2	0	2
New Jersey	1	1	2
Pennsylvania	0	2	2
Ohio	1	1	2
Oregon	1	1	2
Alaska	1	0	1
Colorado	1	0	1
Kansas	0	1	1
Maine	0	1	1
North Carolina	0	1	1
North Dakota	1	0	1
New Mexico	0	1	1
South Carolina	0	1	1
South Dakota	0	1	1
Virginia	1	0	1
<b>TOTALS</b>	<b>69</b>	<b>88</b>	<b>157</b>



## 1988 HOSPITAL CLOSURES BY NAME AND LOCATION

Hospital	City	State	Rural/ Urban
Henry County Hospital	Abbeville	AL	rural
First Health Courtland	Courtland	AL	rural
Chambers County Hospital	Lafayette	AL	rural
Perry Community Hospital	Marion	AL	rural
North Mobile Community Hospital	Satsuma	AL	urban
Medical Park West	Birmingham	AL	urban
Columbia Regional Medical Center	Andalusia	AL	rural
Woodruff County Hospital	McCrary	AR	rural
Lee Memorial Hospital	Marianna	AR	rural
Phoenix General Hospital	Phoenix	AZ	urban
Kennecott Samaritan	Kearny	AZ	rural
AMI Clairemont Community Hospital	San Diego	CA	urban
Community Hospital Sacramento	Sacramento	CA	urban
Ross General Hospital	Ross	CA	urban
Hayward Hospital	Hayward	CA	urban
Metropolitan Hospital	Los Angeles	CA	urban
Heard Community Hospital	Franklin	GA	rural
Turner County Hospital	Ashburn	GA	rural
Marsh Valley Hospital	Downey	ID	rural
White Hall Hospital	White Hall	IL	rural
Hospital of Englewood	Chicago	IL	urban
Frank Cuneo Memorial Hospital	Chicago	IL	urban
St. Anne's Hospital	Chicago	IL	urban
Mary Thompson Hospital	Chicago	IL	urban
Axtell Christian Hospital	Newton	KS	rural
Fairview Hospital	Bayou Vista	LA	rural
Gueydon Memorial Hospital	Gueydon	LA	rural
Tensas Memorial Hospital	Newellton	LA	rural
Regent Hospital Feliciana	Clinton	LA	rural
Pleasant Hill General Hospital	Pleasant Hill	LA	rural
Brookline Hospital	Brookline	MA	urban
Farren Memorial Hospital	Montague	MA	rural
Castine Community Hospital	Castine	ME	rural
Bay Area Medical Center	Menominee	MI	rural
Brent General Hospital	Detroit	MI	urban
Lindell Hospital	St. Louis	MO	urban
University Hospital	Kansas City	MO	urban
Levering Hospital	Hannibal	MO	rural
St. Francis Hospital	Marceline	MO	rural
St. Mary's North	Kansas City	MO	urban

<b>Hospital</b>	<b>City</b>	<b>State</b>	<b>Rural/ Urban</b>
Mission Valley Hospital	St. Ignatius	MT	rural
Dahl Memorial Hospital	Ekalaka	MT	rural
Blackwelder Memorial Hospital	Lenoir	NC	rural
The Livingston Community Hospital	Livingston	NJ	urban
Cuba Hospital	Cuba	NM	rural
Jamestown General Hospital	Jamestown	NY	rural
Parsons Hospital	Flushing	NY	urban
Johnstown Hospital	Johnstown	NY	rural
Northeastern Ohio General	Madison	OH	urban
Cordell Memorial Hospital	Cordell	OK	rural
E.P. Clapper Memorial Medical	Waynoka	OK	rural
Eugene Hospital and Clinic	Eugene	OR	urban
University Medical Center	Philadelphia	PA	urban
Scranton State General Hospital	Scranton	PA	urban
English Park Medical Center	Marion	SC	rural
Ipswich Community Hospital	Ipswich	SD	rural
Scott Memorial Hospital	Lawrenceburg	TN	rural
Johnson County Memorial Hospital	Mountain City	TN	rural
Smyrna Hospital	Smyrna	TN	urban
St. Mary's North Hospital	Lake City	TN	urban
King William Health Center	San Antonio	TX	urban
Gaston Episcopal Hospital	Dallas	TX	urban
Golden Plains Community Hospital	Borger	TX	rural
Milam Regional Medical Center	Cameron	TX	rural
Oakwood Family Hospital	Lubbock	TX	urban
Omni Hospital and Medical Center	Houston	TX	urban
Shiner Hospital	Shiner	TX	rural
Flow Memorial Hospital	Denton	TX	urban
Whitcomb Memorial Hospital	Grand Prairie	TX	urban
Robertson Medical Center	Hearne	TX	rural
Bastrop Hospital	Bastrop	TX	rural
Taft Hospital District	Taft	TX	urban
Marion County Hospital	Jefferson	TX	rural
Teague General Hospital	Teague	TX	rural
Kirbyville Community Hospital	Kirbyville	TX	rural
Comfort Community Hospital	Comfort	TX	rural
Landmark Medical Center	El Paso	TX	urban
Hart Clinic Hospital	Gladewater	TX	urban
Mt. Linton Hospital	Metaline Falls	WA	rural
Bayfield County Memorial Hospital	Washburn	WI	rural
St. Anthony's Family Medical Center	Milwaukee	WI	urban
New Berlin Memorial Hospital	New Berlin	WI	urban

<b>Hospital</b>	<b>City</b>	<b>State</b>	<b>Rural/ Urban</b>
First Hospital of Milwaukee	Milwaukee	WI	urban
Tucker County Hospital	Parsons	WV	rural
Guthrie Memorial Hospital	Huntington	WV	urban
Elizabeth Leonard Hospital	Buckhannon	WV	rural
Wyoming General Hospital	Mullens	WV	rural
Holden Hospital	Holden	WV	rural

