Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

Hospital Closure
2000

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Inspector General

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EXECUTIVE SUMMARY

PURPOSE

To describe the extent, characteristics, reasons for, and impact of hospital closures in 2000.

BACKGROUND

The closure of hospitals in past years has generated public and congressional concern. We released a report in May 1989 describing the nationwide phenomenon of hospital closures in 1987. Subsequently, we issued annual reports for hospital closures from 1988 through 1999.

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

FINDINGS

Our inspection of hospital closures in 2000 produced findings similar to those previously reported for 1987-1999.

- Sixty-four general, short-term, acute care hospitals closed in 2000 -- 1.4 percent of all hospitals.

- The same number of hospitals closed in 2000 as in 1999; however, 29 hospitals opened or reopened in 2000, seven more than in 1999.

- Twenty-two of the hospitals that closed were located in rural areas and 42 were located in urban areas.

- The average size of rural hospitals that closed was similar to that of the national average. Urban hospitals that closed were smaller in size when compared to the national average.

  Rural hospitals that closed had an average of 64 beds as compared to an average of 65 beds for all rural hospitals nationally.

Urban hospitals that closed had an average of 161 beds as compared to an average of 231 beds for all urban hospitals nationally.

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

    Rural hospitals that closed had an average occupancy rate of 35.1 percent, slightly lower than the average of 38.6 percent for all rural hospitals nationally. The average daily census in the year prior to closure was about 23 patients.

    Urban hospitals that closed had an average occupancy rate of 43 percent compared to an average of 58 percent for all urban hospitals nationally. The average daily census in the year prior to closure was about 69 patients.

- Medicare utilization in closed rural hospitals was lower than the national average. In urban hospitals that closed, Medicare utilization was higher than the national average.

    In rural areas, the average Medicare utilization among hospitals that closed was 52.9 percent compared to an average of 56.1 percent for all rural hospitals nationally. About 12 Medicare patients were in the hospital on an average day in the year prior to closure.

    In urban areas, the average Medicare utilization among hospitals that closed was 46.5 percent compared to an average of 39.9 percent for all urban hospitals nationally. About 32 Medicare patients were in the hospital on an average day in the year prior to closure.

- Medicaid utilization in closed rural hospitals was higher than the national average. In urban hospitals that closed, Medicaid utilization was lower than the national average.

    In rural areas, the average Medicaid utilization among hospitals that closed was 17 percent compared to an average of 12.7 percent for all rural hospitals nationally. About four Medicaid patients were in the hospital on an average day in the year prior to closure.

    In urban areas, the average Medicaid utilization among hospitals that closed was 10.4 percent compared to an average of 13.7 percent for all urban hospitals nationally. About seven Medicaid patients were in the hospital on an average day in the year prior to closure.

- Many factors caused hospitals to close. The most common reason reported for closure was financial problems brought on by factors such as low occupancy and competition. Hospital reorganizations and mergers accounted for 19 of the closures. Hospital administrators, former owners, general counsel, city managers, and others provided the reasons for closure.

- Officials in only 2 of the 64 hospitals that closed included Medicare and Medicaid reimbursement reductions as a reason for closure. Neither, however claimed it to be the sole reason.

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

- At the time of our inspection, 20 of the 64 closed hospital facilities (31 percent) were being used for health-related services such as outpatient facilities, health clinics or rehabilitation facilities. Also, plans were being made to use 4 of the remaining 44 closed hospitals for health-related services.

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PURPOSE

To describe the extent, characteristics, reasons for, and impact of hospital closures in 2000.

BACKGROUND

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

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

Similar inspections on hospital closures in 1988 through 1994 showed a downward trend in the number of closures. Beginning in 1995, the number of hospital closures has generally increased.
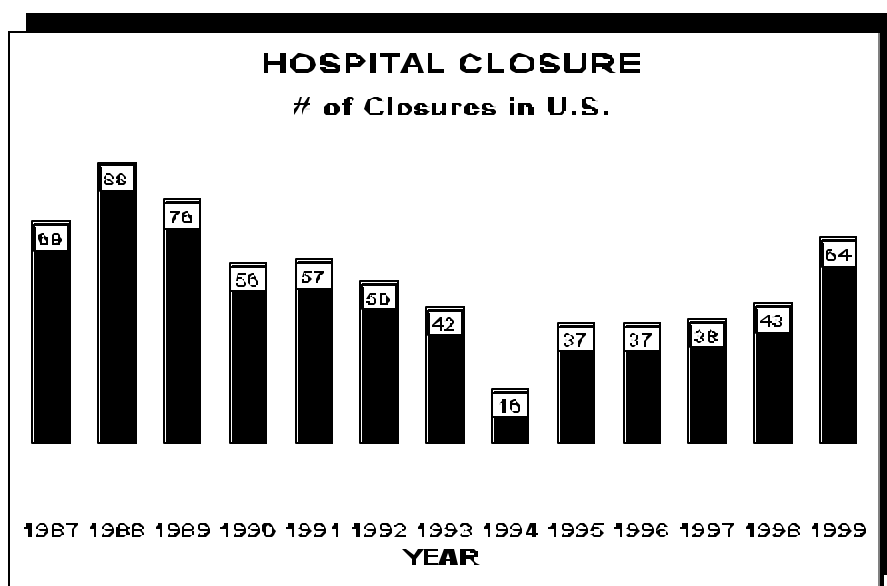
The findings from the 1987 through 1999 inspections were similar. The hospitals that closed were small and had low occupancy rates. When the hospitals closed, few patients were affected. Most could get medical care nearby.

METHODOLOGY

We examined hospitals that closed in calendar year 2000. For purposes of this study, we use the following definitions.

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

> **Closed Hospital**: A facility that stopped providing general, short-term, acute inpatient care in 2000. We did not consider a hospital closed if it:

> - Merged with or was sold to another hospital but the physical plant continued to provide inpatient acute care,
> - Converted to critical access status, or
> - Both closed and reopened in 2000 in the same physical plant.

To determine the extent, reasons for, and impact of hospital closures, we obtained information from Centers for Medicare and Medicaid Services (CMS) data bases, State licensing and certification agencies, State health planning agencies, State hospital associations, officials associated with closed and nearby hospitals, and local public officials.

We obtained information on the characteristics of all hospitals, including those that closed in 2000 from the Hospital Cost Report Information System (HCRIS) maintained by CMS.

Appendix A describes our methodology in further detail.

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We conducted our inspection between September 2001 and March 2002. We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

Our analysis shows that:

- Sixty-four general, short-term, acute care hospitals closed in 2000 -- 1.4 percent of all hospitals.

- The same number of hospitals closed in 2000 as in 1999; however, 29 hospitals opened or reopened, seven more than in 1999.

- Rural hospitals that closed were similar in size and occupancy when compared to the national average. Urban hospitals were generally smaller and had lower occupancy when compared to the national average.

- The reasons for and impact of 2000 closures were similar to those of the 1999 closures.

- Although residents of a few communities had to travel greater distances for hospital care, most had emergency and inpatient medical care available within 10 miles of a closed hospital.

Extent and characteristics of closed hospitals

How many closed

In 2000, there were 4,657 general, short-term, acute care hospitals in the United States entered on the Centers for Medicare and Medicaid Services (CMS) Hospital Cost Report Information System (HCRIS) data base as participating in the Medicare program. Sixty-four hospitals closed in 2000 -- 1.4 percent of all hospitals nationally.

Number of hospitals in the U.S.	4,657	
Number of hospitals that closed in 2000	64	1.4%

While 64 hospitals closed in 2000, 24 new hospitals opened and 5 previously closed hospitals reopened. In comparison, 64 hospitals closed in 1999, 20 new hospitals opened and 2 previously closed hospitals reopened. The net effect was a decrease in 2000 hospital closures (35 hospitals) when compared to the 1999 closures (42 hospitals).

The effect on bed supply

Closure of the 64 general, acute care hospitals reduced 2000 inpatient bed supply by 8,175 beds, or 1.1 percent.

Number of inpatient beds in the U.S.	728,902	
Inpatient beds in hospitals that closed in 2000	8,175	1.1%

The 29 hospital openings and reopenings, however, added 1,590 beds and 217 beds respectively. Therefore, the net reduction to the 2000 inpatient bed supply was 6,368 beds. In comparison, the net reduction to the 1999 inpatient bed supply was 3,376 beds.

Where they were

The closed hospitals were located in 28 States. California had the greatest number of closures (8), followed by Ohio (7), Texas (6), Michigan (5), Pennsylvania (4), Missouri (3), Tennessee (3), and Wisconsin (3). The remaining 20 States had 1 or 2 closures each. Appendix B lists the number of hospital closures by State. Appendix C lists the closures by location.

Twenty-two of the closed hospitals were located in rural areas and 42 were located in urban areas.

	RURAL		URBAN	
Hospitals in the U.S.:	2,093		2,564	
Closed in 2000	22	1.1%	42	1.6%

What they were like

<u>Size</u>: Combined, rural and urban hospitals that closed in 2000 were smaller, on average, than the national average size. The average number of beds for hospitals nationwide is 157. About 75 percent of the hospitals that closed had fewer beds than the national average. Furthermore, over half (56 percent) of the hospitals that closed had 100 beds or fewer. In contrast, 25 percent of the closed hospitals had more beds than the national average.

SIZE OF CLOSED HOSPITALS				
	Number of Closed Hospitals			
Number of Beds	Rural	Urban	Total	Percent
0 - 30	6	2	8	13%
31 - 50	10	5	15	23%
51 - 100	2	11	13	20%
101 - 150	0	11	11	17%
151 - 200	3	5	8	13%
201 - 300	1	4	5	8%
301 >	0	4	4	6%
Totals	22	42	64	100%

Rural hospitals that closed, however, where comparable in size to the national average for rural hospitals. They had an average of 64 beds compared to an average of 65 beds for all rural hospitals nationally. Urban hospitals that closed were smaller than the national average. They had an average of 161 beds compared to an average of 231 beds for all urban hospitals nationally. Four urban hospitals each had over 300 beds. They averaged 619 beds with the largest, located in Memphis, Tennessee, having over 1,100 beds.

HOSPITAL BEDS

RURAL HOSPITALS 65.4 64.2

URBAN HOSPITALS 230.9 161.0

□ National Average
■ Closed Hospital Average
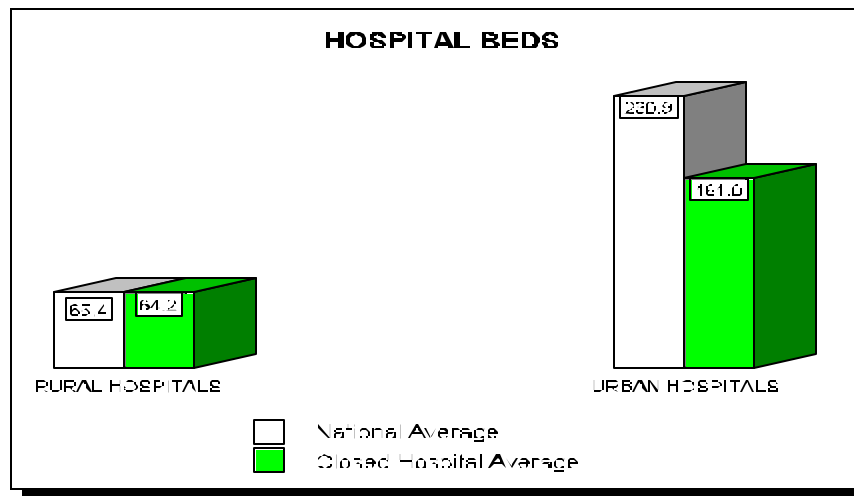
Occupancy: Occupancy rates for closed rural and urban hospitals were lower on average than the national averages.[1]

Rural hospitals that closed had an average occupancy rate of 35.1 percent, slightly lower than the average of 38.6 percent for all rural hospitals nationally. The average daily census in the year prior to closure was about 23 patients versus the national average of 25 patients.

Urban hospitals that closed had an average occupancy rate of 43 percent compared to an average of 58 percent for all urban hospitals nationally. The average daily census in the year prior to closure was about 69 patients versus the national average of 127 patients.
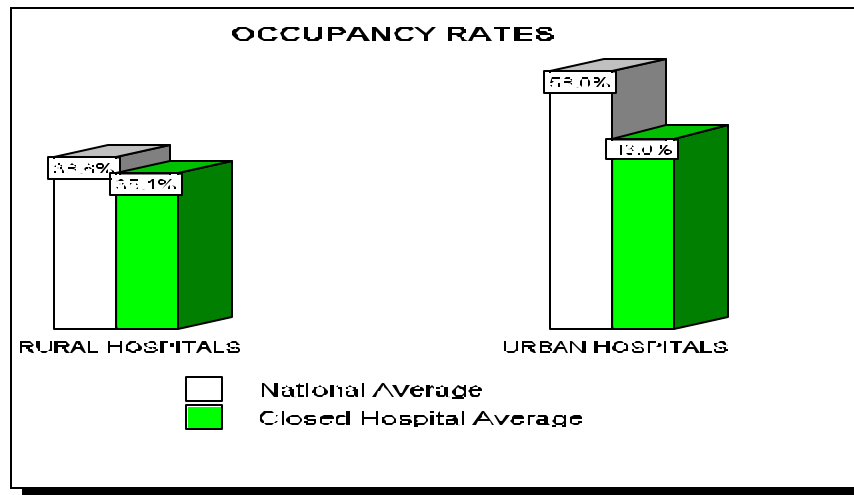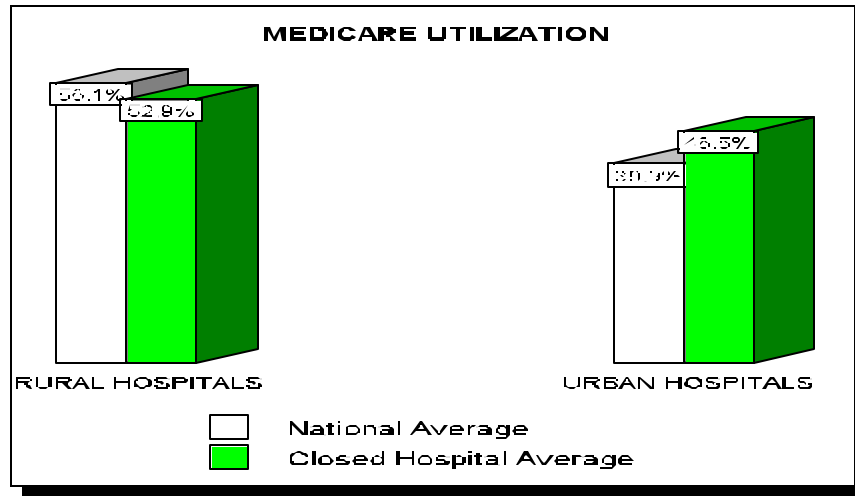

Medicare Utilization: The average Medicare utilization among rural hospitals that closed was lower than the national average. Urban hospitals that closed, however, had a higher Medicare utilization than the national average.[2]

In rural areas, the average Medicare utilization among hospitals that closed was 52.9 percent compared to an average of 56.1 percent for all rural hospitals nationally. About 12 Medicare patients were in the hospital on an average day in the year prior to closure.

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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 average occupancy rate is defined as the sum of all hospitals' occupancy rates, divided by the number of hospitals.

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

In urban areas, the average Medicare utilization among hospitals that closed was 46.5 percent compared to an average of 39.9 percent for all urban hospitals nationally. About 32 Medicare patients were in the hospital on an average day in the year prior to closure.

MEDICARE UTILIZATION

Medicaid Utilization: The average Medicaid utilization among rural hospitals that closed was higher than the national average. In contrast, the Medicaid utilization for urban hospitals that closed was slightly lower than the national average.[3]

In rural areas, the average Medicaid utilization among hospitals that closed was 17 percent compared to an average of 12.7 percent for all rural hospitals nationally. About four Medicaid patients were in the hospital on an average day in the year prior to closure.

In urban areas, the average Medicaid utilization among hospitals that closed was 10.4 percent compared to an average of 13.7 percent for all urban hospitals nationally. About seven Medicaid patients were in the hospital on an average day in the year prior to closure.

MEDICAID UTILIZATION

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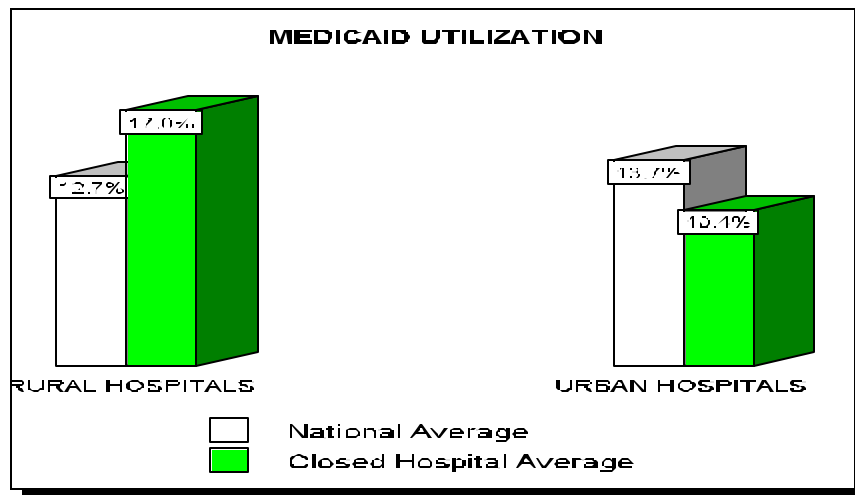
[3] Medicaid utilization is calculated in the same way as Medicare utilization.

Reasons for hospital closure

The officials we interviewed reported many reasons for hospital closure. The most often reported reason was financial problems resulting from factors such as low occupancy and competition. Hospital reorganizations and mergers accounted for 19 of the hospital closures.

Officials in only 2 of the 64 hospitals that closed included Medicare and Medicaid reimbursement reductions as a reason for closure. Neither, however claimed it to be the sole reason. For example, one hospital in California reported to have closed based on competition and an outdated building in addition to insufficient Medicare/Medicaid reimbursement.

Fourteen hospitals closed in order to open thirteen new facilities. For example, in Idaho, two hospitals under the same ownership were closed and replaced by one new centrally located hospital. The remaining 12 facilities closed their old locations and opened new upgraded hospitals.

Impact of hospital closures

In communities where hospitals closed in 2000, we determined the

- number of patients affected by closure of hospitals,

- availability of inpatient care and emergency medical services, and

- current use of closed hospital facilities.

How many patients were affected

For rural hospitals that closed in 2000, the average daily census in the year prior to closure was about 23 patients. The urban hospitals that closed had an average daily census of about 69 patients.

WHEN HOSPITALS CLOSED, HOW MANY PATIENTS WERE AFFECTED?		
	Rural Hospitals	**Urban Hospitals**
Average Number of Beds	64.22	161.01
Average Occupancy Rate	x 35.05%	x 43.02%
Average Number of Patients	22.51	69.26

We analyzed Medicare utilization data to determine the number of elderly patients affected by hospital closure in 2000. In rural hospitals that closed, about 12 Medicare patients were in the hospital on an average day in the year prior to closure. In the urban hospitals that closed, about 32 Medicare patients were in the hospital on an average day.

WHEN HOSPITALS CLOSED, HOW MANY MEDICARE PATIENTS WERE AFFECTED?		
	Rural Hospitals	**Urban Hospitals**
Average Patient Census	22.51	69.26
Average Medicare Utilization Rate	x 52.93%	x46.47%
Average Number Medicare Patients	11.91	32.19

What inpatient care and emergency services are available

Inpatient Care: In most communities where a hospital closed in 2000, inpatient hospital care was available nearby.[4]

NEAREST INPATIENT CARE TO CLOSED HOSPITALS				
	NUMBER OF CLOSED HOSPITALS			
DISTANCE	**RURAL**		**URBAN**	
Within 3 Miles	11	50.0%	22	52.4%
4-10 Miles	4	18.2%	16	38.1%
11-20 Miles	4	18.2%	4	9.5%
21-30 Miles	2	9.1%	0	0.0%
More than 30 Miles	1	4.5%	0	0.0%
Totals	22	100.0%	42	100.0%

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

Rural Areas: Residents in 19 of the 22 rural communities (86 percent) where a hospital closed could get inpatient hospital care within 20 miles of the closed hospital. Residents of only one community had to travel in excess of 30 miles to receive inpatient care. The residents of Lusk, Wyoming had to travel 55 miles.

Urban Areas: In 38 of the 42 urban communities (90 percent) where a hospital closed in 2000, residents could get inpatient hospital care within 10 miles of the closed hospital. Residents in all 42 urban communities where a hospital closed could get inpatient care within 20 miles of the closed hospital.

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

Rural Areas: In 20 of the 22 rural communities (91 percent) where a hospital closed in 2000, emergency care facilities were available within 20 miles of the closed hospital. Of the remaining two rural communities where a hospital closed, emergency care for Pomeroy, Ohio was available 22 miles from the closed hospital. For Lusk, Wyoming, 24-hour emergency care was available 55 miles from the closed hospital.

Urban Areas: Emergency care facilities were available within 10 miles of the closed hospital in 38 of the 42 urban communities (90 percent) where a hospital closed in 2000. The remaining four urban communities had emergency care within 20 miles.

NEAREST EMERGENCY SERVICES TO CLOSED HOSPITALS				
	NUMBER OF CLOSED HOSPITALS			
DISTANCE	**Rural**		**Urban**	
Within 3 Miles	12	54.5%	21	50.0%
4-10 Miles	4	18.2%	17	40.5%
11-20 Miles	4	18.2%	4	9.5%
21-30 Miles	1	4.5%	0	0.0%
More than 30 Miles	1	4.5%	0	0.0%
Totals	22	100.0%	42	100.0%

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

What the building is used for now

At the time of our inspection, 20 of the 64 closed hospital facilities (31 percent) were being used for health-related services. For example:

- Niobrara County Hospital in Lusk, Wyoming along with five other closed hospitals now serve as health clinics.

- Community Hospital and Medical Center in Crystal Falls, Michigan along with five other closed hospitals became outpatient facilities.

- Doctors Hospital in Tulsa, Oklahoma became a mental health treatment facility.

- St. Jerome Hospital in Batavia, New York became a rehabilitation center and is also used for radiology and lab work.

Of the closed hospital facilities that were not being used for health-related services, plans were being made to use four for health-related services in the future.

METHODOLOGY

Extent of Hospital Closure

To determine how many hospitals closed in 2000, we compiled Centers for Medicare and Medicaid Services (CMS) data on terminated hospitals in 2000. To supplement the data, we contacted State licensing and certification agencies, State hospital associations, and State health planning agencies. When a closed hospital met the study definition or when questions arose, we surveyed officials associated with the closed hospitals, officials associated with hospitals nearest to the closed hospital, and local public officials.

To quantify the number of hospitals in the United States, we used the Hospital Cost Report Information System (HCRIS) maintained by CMS. We included only general, short-term, acute care hospitals under Medicare's Prospective Payment System (PPS) in the universe. There were 4,657 hospitals listed on HCRIS as short-term, acute care, general hospitals for 2000.

Characteristics of Hospital Closure

We used the latest pre-closure cost reports to analyze closed hospital characteristics. For example, if a hospital closed in May 2000 and its accounting year was on a January-December cycle, we used the hospital's January 1, 1999 to December 31, 1999 cost report.

Reasons for and Impact of Hospital Closure

To document the reasons for and impact of hospital closure we interviewed knowledgeable officials related to the closed hospitals. Such officials included:

- Former hospital administrators, board members, and/or staff of closed hospitals,

- Hospital administrators and/or staff at the nearest hospitals,

- Local health and government officials, and

- Officials associated with closed hospital parent corporations.

For our "impact" analysis, we determined the distance from a closed hospital to the nearest still-operating hospital and to emergency service. In addition, we used the HCRIS to determine how many patients, including Medicare and Medicaid, were displaced by the closures.

2000 HOSPITAL CLOSURES - RANKED BY STATE			
State	**Total Closures**	**Rural Closures**	**Urban Closures**
California	8	1	7
Ohio	7	3	4
Texas	6	1	5
Michigan	5	2	3
Pennsylvania	4	0	4
Missouri	3	0	3
Tennessee	3	1	2
Wisconsin	3	0	3
Iowa	2	2	0
Idaho	2	2	0
Illinois	2	0	2
New Jersey	2	0	2
New York	2	1	1
Arizona	1	0	1
Georgia	1	1	0
Indiana	1	0	1
Maryland	1	1	0
Minnesota	1	1	0
North Carolina	1	1	0
Nebraska	1	1	0
Oklahoma	1	0	1
Oregon	1	1	0
South Carolina	1	0	1
Utah	1	1	0
Virginia	1	0	1
Washington	1	0	1
West Virginia	1	1	0
Wyoming	1	1	0
28 States	**64**	**22**	**42**

2000 HOSPITAL CLOSURES BY NAME AND LOCATION			
Hospital Name	**City**	**State**	**Rural/ Urban**
Tucson General Hospital	Tucson	AZ	Urban
Bay Harbor Hospital	Harbor City	CA	Urban
Lindsay District Hospital	Lindsay	CA	Urban
Long Beach Community Medical Center	Long Beach	CA	Urban
Martin Luther Hospital	Anaheim	CA	Urban
Mercy American River Hospital	Carmichael	CA	Urban
Mission Bay Hospital	San Diego	CA	Urban
Scripps Hospital-East County	El Cajon	CA	Urban
Sutter Amador Hospital	Jackson	CA	Rural
Bulloch Memorial Hospital	Statesboro	GA	Rural
Burlington Medical Center	Burlington	IA	Rural
Eldora Regional Medical Center	Eldora	IA	Rural
Wood River Medical Center-Hailey	Hailey	ID	Rural
Wood River Medical Center-Sun Valley	Sun Valley	ID	Rural
Doctor's Hospital of Hyde Park	Chicago	IL	Urban
Wood River Township Hospital	Wood River	IL	Urban
Huntington Memorial Hospital	Huntington	IN	Urban
Fallston General Hospital	Fallston	MD	Rural
Community Hospital and Medical Center	Crystal Falls	MI	Rural
Greater Detroit Medical Center	Detroit	MI	Urban
Mercy Hospital	Detroit	MI	Urban
Oakwood Hospital-Beyer Center	Ypsilanti	MI	Urban
Portage Health System	Hancock	MI	Rural
Bridges Medical Services	Ada	MN	Rural
Bethesda General Hospital	St. Louis	MO	Urban
Compton Heights Hospital	St. Louis	MO	Urban
Normandy Community Hospital	St. Louis	MO	Urban
Hamlet Hospital	Hamlet	NC	Rural
Ogallala Community Hospital	Ogallala	NE	Rural
Meridian Health System at Point Pleasant	Point Pleasant	NJ	Urban
West Jersey Hospital	Camden	NJ	Urban
Massapequa General Hospital	Seaford	NY	Urban
St. Jerome Hospital	Batavia	NY	Rural

2000 HOSPITAL CLOSURES BY NAME AND LOCATION - CONTINUED			
Hospital Name	**City**	**State**	**Rural/ Urban**
Bethesda Oak Hospital	Cincinnati	OH	Urban
Franciscan Medical Center	Dayton	OH	Urban
Oak Hill Community Medical Center	Oak Hill	OH	Rural
PHS-Mount Sinai Medical Center	Cleveland	OH	Urban
Southern Ohio Medical Center-Mercy	Portsmouth	OH	Rural
Veterans Memorial Hospital	Pomeroy	OH	Rural
Youngstown Osteopathic Hospital	Youngstown	OH	Urban
Doctors Hospital	Tulsa	OK	Urban
Douglas Community Medical Center	Roseburg	OR	Rural
Citizens General Hospital	New Kensington	PA	Urban
City Avenue Hospital	Philadelphia	PA	Urban
John F. Kennedy Memorial Hospital	Philadelphia	PA	Urban
St. Francis Central Hospital	Pittsburgh	PA	Urban
Low Country General Hospital	Ridgeland	SC	Urban
Baptist Memorial Hospital-Medical Center	Memphis	TN	Urban
Centennial Medical Center- Ashland City	Ashland City	TN	Rural
Nashville Memorial Hospital	Madison	TN	Urban
Brook's Hospital Inc.	Atlanta	TX	Rural
Columbia Rosewood Medical Center	Houston	TX	Urban
Dallas/Fort Worth Medical Center	Grand Prarie	TX	Urban
Doctors Memorial Hospital	Tyler	TX	Urban
Medical Center of Winnie	Winnie	TX	Urban
Tri City Health Center	Dallas	TX	Urban
Beaver Valley Hospital	Beaver	UT	Rural
Bon Secours Stuart Circle Hospital	Richmond	VA	Urban
Pugent Sound Hospital	Tacoma	WA	Urban
Northwest General Hospital	Milwaukee	WI	Urban
St. Catherines Hospital	Kenosha	WI	Urban
Two Rivers Community Hospital	Two Rivers	WI	Urban
Man Appalachian Regional Hospital	Man	WV	Rural
Niobrara County Hospital	Lusk	WY	Rural

2000 HOSPITAL OPENINGS AND REOPENINGS BY NAME AND LOCATION			
Hospital Name	**City**	**State**	**Rural/ Urban**
Stanislaus Surgical Hospital	Modesto	CA	Urban
Sutter Amador Hospital	Jackson	CA	Rural
East Georgia Regional Medical Center	Statesboro	GA	Rural
Great River Medical Center	West Burlington	IA	Rural
St. Lukes Wood River Medical Center	Ketchum	ID	Rural
Huntington Memorial Hospital	Huntington	IN	Urban
Physicians Surgical Specialty Hospital	Houma	LA	Rural
Upper Chesapeake Medical Center	Bel Air	MD	Urban
Portage Health System	Hancock	MI	Rural
Bridges Medical Services	Ada	MN	Rural
Healtheast Woodwinds Hospital	Woodbury	MN	Urban
Doctors Hospital of Springfield	Springfield	MO	Urban
Sandhills Regional Medical Center	Hamlet	NC	Rural
Innovis Hospital	Fargo	ND	Rural
Humbolt Healthcare Inc.	Humbolt	NE	Rural
Ogallala Community Hospital	Ogallala	NE	Rural
Roosevelt General Hospital	Portales	NM	Rural
St. Rose Dominican Hospital-Sienna Campus	Henderson	NV	Urban
Cottage Grove Community Hospital	Cottage Grove	OR	Urban
Spearfish Surgery Center	Spearfish	SD	Rural
Skyline Medical Center	Nashville	TN	Urban
Christus St. Catherine Hospital	Katy	TX	Rural
Methodist Willowbrook Hospital	Houston	TX	Urban
The Physicians Center	Bryon	TX	Rural
Beaver Valley Hospital	Beaver	UT	Rural
Cache Valley Specialty Hospital	North Logan	UT	Rural
Rocky Mountain Medical Center	Salt Lake City	UT	Urban
Aurora Medical Center	Two Rivers	WI	Urban
Southern Bighorn County Hospital	Basin	WY	Rural

ACKNOWLEDGMENTS