

**OHIO DEPARTMENT OF HEALTH  
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT  
STATISTICAL INFORMATION  
JANUARY 1, 2019 - DECEMBER 31, 2019**

Please Return to: Ohio Department of Health  
OHAL/LICENSURE  
246 N. High St - 3rd Floor  
Columbus, OH. 43215-2412

This report must be returned by **March 1, 2020**

Completion of this report is required pursuant to section 3701.07 of the Ohio Revised Code.

**SCHEDULE A. IDENTIFICATION**

Name of Hospital	Hospital Registration Number
Ashtabula Co. Medical Center	1106
Medicare Name (if different from registration)	National Provider Identifier
	1285607416
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
2420 Lake Avenue, Ashtabula, OH 44004	360125

Telephone Number: (440)997-2262

County:

**ASHTABULA**

Mailing address: (if different from above):

Hospital E-Mail Address: Alanna.Dames@acmchealth.org

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Name of Chief Executive Officer	Title	
Mr. Michael Habowski	President & CEO	
Name of person submitting report	Title	Telephone Number:
Michael Habowski	President / CEO	440-997-2262

Accreditation/certification status: (Check One)

Joint Commission (JC)

Date of last accreditation survey: 6/29/2018

Healthcare Facilities Accreditation Program (HFAP)

Date of last accreditation survey: \_\_\_\_\_

Det Norske Veritas (DNV)

Date of last accreditation survey: \_\_\_\_\_

Medicare Certification (if not accredited by other entities prior)

Date of last certification survey: \_\_\_\_\_

**Satellite Units:**

Indicate name, address, county and zip code of each satellite unit owned and operated by the hospital (i.e. Emergency Medical Center, Surgery Center, Ambulatory Care Center, Hospice) which is a separate and distinct entity but is not independently registered. (satellite unit is defined in OAC 3701-59-01 (OO))

**Additional information required:**

**types of services provided and total number of patients treated (on an outpatient basis) for each type of service.**

**Name of Satellite Unit:**

**County:**

**Address (street address, city, state)**

**Zip Code:**

**TYPES OF SERVICES PROVIDED:**

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

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**SCHEDULE B. CLASSIFICATION**

1. Indicate the type of organization responsible for establishing policy concerning overall operation of your hospital.

**CHECK ONLY ONE**

Government  
Non-Federal

Non-Government  
Not-For-Profit

Investor-Owned  
For-Profit

- State
- County
- City
- City-County
- Hospital District or Authority

- Church-Operated
- Other Not-For Profit

- Individual
- Partnership
- Corporation

2. Is this hospital part of a multi-hospital system?  Yes  No

Name of System: Ashtabula County Medical Cente

3. Medicare Hospital Classification:

- Short-term acute care
- Rehabilitation
- Long-term acute care
- Psychiatric
- Critical Access
- Children's

4. Hospital's primary or specialty classification (if different from Medicare):

- General
- Alcohol and drug
- Burn Care
- Cancer
- Heart
- Children's
- Rehabilitation
- Psychiatric
- Other:

5. Business name and Medicare certification number or state licensure number, if entities below are contained within hospital:

Distinct-part psychiatric unit 07-2480

Distinct-part rehabilitation unit \_\_\_\_\_

Transplant center \_\_\_\_\_

Maternity unit ASHTABULA COUNTY MEDICAL CENTER (0123MAT)

**SCHEDULE C. FACILITIES AND SERVICES**

Hospital Service				Inpatient	Outpatient
Not Available	In House	Contracted	Shared		

**Surgical Services**

Number of Surgical Cases	<u>1104</u>	<u>7014</u>
Number of Surgical Operating Rooms	<u>0</u>	<u>0</u>
Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient)	<u>10</u>	
Total Operating Rooms Onsite	<u>10</u>	
Total Operating Rooms Offsite	<u>0</u>	

**Emergency Services**

Number of Patients:	
Treated and admitted to hospital	<u>4517</u>
Treated in ER and released	<u>28479</u>

**CARDIAC SERVICES**

Number of cardiac catheterizations performed:	
Pediatric	<u>0</u>
Adult	<u>178</u>
Number of adult open-heart surgical procedures:	<u>0</u>
Number of pediatric cardiovascular surgery procedures:	<u>0</u>

**OBSTETRIC AND NEWBORN DESIGNATION**

Level designation of obstetric services	<b>Level 1</b>
Level designation of newborn	<b>Level 1</b>

**TRAUMA LEVEL DESIGNATION  
(As verified by American College of Surgeons)**

Adult Trauma Level Designation	<b>Not available</b>
Pediatric Trauma Level Designation	<b>Not available</b>

## SCHEDULE D. BEDS AND UTILIZATION

## 1. Inpatient Services

Bed Category	Number of Admissions (including Transfers)	Patients Days of Care	Beds in Use
Adult medical/surgical	4134	13872	75
Adult special care (ICU/CCU)	233	1800	9
Alcohol/chemical dependency			
Burn			
Hospice	29	65	2
Long Term Care			
LTAC-LTA less than 30 days stay			
Newborn care– level I	314	638	20
Newborn care– level II			
Newborn care– level III			
Obstetrics - level I	341	713	11
Obstetrics - level II			
Obstetrics - level III			
Pediatric general	114	153	11
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric	593	2706	17
Special skilled nursing			
Swing Beds			
<b>TOTAL HOSPITAL (Total of all Bed Categories)</b>	<b>5758</b>	<b>19947</b>	<b>145</b>

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**SCHEDULE D. BEDS AND UTILIZATION (continued)****2. Inpatient Discharges (indicate the number of inpatients discharged by category)**

Home without referral to Home care or Hospice Service	3730
Home with referral to Home care	639
Home with referral to Hospice Care Program	44
To Inpatient Service of a Hospice Care Program	71
Transfers to Other Hospitals	580
Transfers to A Nursing Home	909
Expired	91
<b>TOTAL DISCHARGES</b>	<b>6064</b>

## SCHEDULE E. HOSPITAL PERSONNEL

### 1. Licensed or Certified Professional Employees

Total Number of Employees      Total F.T.E's  
(Includes part-time & full-time staff)

All other licensed professional/tech staff	65	60.10
Certified Nurse Practitioner	19	16.00
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)		
Interns		
Licensed practical nurses	93	76.50
Medical social workers (exclude psych.)	4	4.00
Medical Technician	13	10.50
Medical technologists	4	2.10
Nursing assistants	69	43.10
Occupational therapists	4	3.20
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed	17	12.80
Pharmacy technicians	15	10.30
Physical therapists	12	9.55
Physician assistants	5	4.00
Psychiatric social workers		
Psychologists	3	3.00
Radiological Personnel	10	9.50
Radiological Technologist - technicians	15	12.75
Registered nurses	231	178.95
Residents		
Respiratory therapists	14	12.00
Salaried physicians	40	38.50
Speech/audiology therapists	2	2.00
<b>TOTALS:</b>	<b>635</b>	<b>508.85</b>

## SCHEDULE E. HOSPITAL PERSONNEL (CONTINUED)

2. Medical Staff (Count specialization only once)	Number of Active/Associate Medical Staff	Number of Board Certified Active/Associate Medical Staff	Number of House Staff	Number of House Staff in ACGME or AOA approved training positions	Number of House Staff in ADA approved training positions
Allergy / immunology	1	1			
Anesthesiology	7	7			
Cardiology	8	8			
Dentistry	5				
Dermatology					
Emergency medicine	19	19			
Family Medicine					
Family practice	17	16			
Gastroenterology	3	3			
General internal medicine	17	17			
General medicine rotation program					
General practice					
Hematology					
Neonatology					
Neurology	2	2			
Nuclear medicine					
Obstetrics and gynecology	9	9			
Oncology	5	4			
Ophthalmology	2	2			
Other medical specialties					
Otorhinolaryngology	3	3			
Pathology	4	4			
Pediatrics	9	8			
Physical medicine					
Podiatry	7	6			
Psychiatry	4	4			
Radiology	1	1			
Rheumatology					
Surgery: cardiovascular vascular					
Surgery: colon and rectal					
Surgery: general	2	2			
Surgery: neurological					
Surgery: orthopedic	4	4			
Surgery: other surgery specialties	2	2			
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology	2	2			
<b>TOTAL:</b>	133	124	0	0	0



PATIENT'S COUNTY (OR STATE IF OTHER THAN OHIO) OF RESIDENCE AT TIME OF ADMISSION  
(REPORTED IN THE AGGREGATE)

ADAMS	GEAUGA 4	MIAMI	VINTON
ALLEN	GREENE	MONROE 1	WARREN
ASHLAND 1	GUERNSEY	MONTGOMERY	WASHINGTON
ASHTABULA 5843	HAMILTON	MORGAN	WAYNE 1
ATHENS	HANCOCK 1	MORROW	WILLIAMS
AUGLAIZE 1	HARDIN	MUSKINGUM	WOOD
BELMONT	HARRISON	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER	HIGHLAND	PAULDING	INDIANA 2
CARROLL	HOCKING	PERRY	KENTUCKY 2
CHAMPAIGN	HOLMES 1	PICKAWAY	MICHIGAN
CLARK	HURON 2	PIKE	PENNSYLVANIA 53
CLERMONT	JACKSON	PORTAGE 3	WEST VIRGINIA 2
CLINTON	JEFFERSON	PREBLE	OTHER STATE 24
COLUMBIANA	KNOX 1	PUTNAM	
COSHOCTON	LAKE 56	RICHLAND	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA 29	LICKING 1	SANDUSKY	
DARKE	LOGAN	SCIOTO	
DEFIANCE	LORAIN 6	SENECA	
DELAWARE	LUCAS	SHELBY	
ERIE	MADISON	STARK 3	
FAIRFIELD	MAHONING 8	SUMMIT	
FAYETTE	MARION	TRUMBULL 15	
FRANKLIN	MEDINA 2	TUSCARAWAS	
FULTON	MEIGS	UNION	
GALLIA	MERCER	VAN WERT	

**AFFIDAVIT**

**CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL**

Report period FROM: 1/1/2019 TO 12/31/2019 INCLUSIVE

I hereby certify that the statements made in the foregoing report are true to the best of my knowledge and belief.

(AHR Online Submission)

\_\_\_\_\_  
(Signature)

Michael Habowski

\_\_\_\_\_  
(Name)

President / CEO

\_\_\_\_\_  
(Title)

440-997-2262

\_\_\_\_\_  
(Phone)

2/28/2020

\_\_\_\_\_  
(Date Report Signed)