

**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
Alliance Community Hospital	1269
Medicare Name (if different from registration)	National Provider Identifier
	1942385794
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
200 E. State Street, Alliance, OH 44601	360131

Telephone Number: (330)596-6000

County:
STARK

Mailing address: (if different from above):
200 E State Street, Alliance, OH 44601

Hospital E-Mail Address: sharonm@achosp.org

Name of Chief Executive Officer	Title	
Mr. Ryan Jones	Chief Exec. Officer	
Name of person submitting report	Title	Telephone Number:
Pete Patellis	Financial Analyst	330-596-6000

Accreditation/certification status: (Check One)

Joint Commission (JC)
Date of last accreditation survey: _____

Healthcare Facilities Accreditation Program (HFAP)
Date of last accreditation survey: 8/11/2017

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

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:

3. Medicare Hospital Classification:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Short-term acute care | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Critical Access |
| <input type="checkbox"/> Long-term acute care | <input type="checkbox"/> Children's |

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> General | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Alcohol and drug | <input type="checkbox"/> Children's |
| <input type="checkbox"/> Burn Care | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Psychiatric |
| | <input type="checkbox"/> Other: |

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

Distinct-part psychiatric unit Senior Care Unit, 36S131

Distinct-part rehabilitation unit _____

Transplant center _____

Maternity unit _____

SCHEDULE C. FACILITIES AND SERVICES

Hospital Service **Inpatient** **Outpatient**

Not Available	In House	Contracted	Shared
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgical Services

Number of Surgical Cases	<u>619</u>	<u>3496</u>
Number of Surgical Operating Rooms	<u>0</u>	<u>0</u>
Dual-Purpose Operating Rooms		
(Total Number of Inpatient + Outpatient)	<u>7</u>	
Total Operating Rooms Onsite	<u>7</u>	
Total Operating Rooms Offsite	<u>0</u>	

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Emergency Services

Number of Patients:	
Treated and admitted to hospital	<u>1078</u>
Treated in ER and released	<u>31296</u>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CARDIAC SERVICES

Number of cardiac catheterizations performed:	
Pediatric	<u>0</u>
Adult	<u>0</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	0
Level designation of newborn	0

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

Adult Trauma Level Designation	Not available
Pediatric Trauma Level Designation	Not available

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	1534	4905	43
Adult special care (ICU/CCU)	365	1624	12
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay			
Newborn care– level I			
Newborn care– level II			
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II			
Obstetrics - level III			
Pediatric general			
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric	321	3630	12
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	2220	10159	67

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	1001
Home with referral to Home care	219
Home with referral to Hospice Care Program	
To Inpatient Service of a Hospice Care Program	
Transfers to Other Hospitals	40
Transfers to A Nursing Home	670
Expired	25
TOTAL DISCHARGES	1955

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	36	26.91
Certified Nurse Practitioner		
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians	5	4.50
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)	2	2.10
Interns	12	8.96
Licensed practical nurses	21	20.41
Medical social workers (exclude psych.)	3	2.40
Medical Technician	10	9.62
Medical technologists	18	16.58
Nursing assistants	30	29.09
Occupational therapists	5	1.79
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed	11	10.88
Pharmacy technicians	11	12.09
Physical therapists	8	5.38
Physician assistants		
Psychiatric social workers		
Psychologists		
Radiological Personnel	9	6.28
Radiological Technologist - technicians	47	49.23
Registered nurses	173	204.08
Residents		
Respiratory therapists	23	20.53
Salaried physicians		
Speech/audiology therapists		
TOTALS:	424	430.83

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					
Anesthesiology	4	4			
Cardiology	5	5			
Dentistry					
Dermatology					
Emergency medicine	15	15			
Family Medicine	6	5			
Family practice					
Gastroenterology	1	1			
General internal medicine	10	14			
General medicine rotation program					
General practice			4		
Hematology	1	1			
Neonatology					
Neurology					
Nuclear medicine					
Obstetrics and gynecology	1	1			
Oncology		1			
Ophthalmology					
Other medical specialties	1	9			
Otorhinolaryngology	1	1			
Pathology	1	1			
Pediatrics					
Physical medicine	1	1			
Podiatry	4	4	12		
Psychiatry	1	1			
Radiology	4	4			
Rheumatology					
Surgery: cardiovascular vascular					
Surgery: colon and rectal					
Surgery: general	3	3			
Surgery: neurological					
Surgery: orthopedic	3	2			
Surgery: other surgery specialties					
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology	3	3			
TOTAL:	65	76	16	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	WARREN
ASHLAND	GUERNSEY	MONTGOMERY	WASHINGTON
ASHTABULA 2	HAMILTON	MORGAN	WAYNE 12
ATHENS	HANCOCK	MORROW	WILLIAMS
AUGLAIZE	HARDIN	MUSKINGUM	WOOD
BELMONT	HARRISON 1	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER	HIGHLAND	PAULDING	INDIANA
CARROLL 62	HOCKING	PERRY	KENTUCKY 2
CHAMPAIGN	HOLMES 10	PICKAWAY	MICHIGAN
CLARK	HURON	PIKE	PENNSYLVANIA 2
CLERMONT	JACKSON	PORTAGE 97	WEST VIRGINIA 1
CLINTON	JEFFERSON 2	PREBLE	OTHER STATE 4
COLUMBIANA 156	KNOX	PUTNAM	
COSHOCTON 3	LAKE	RICHLAND	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA 1	LICKING	SANDUSKY	
DARKE	LOGAN	SCIOTO	
DEFIANCE	LORAIN 1	SENECA	
DELAWARE	LUCAS	SHELBY	
ERIE	MADISON	STARK 1494	
FAIRFIELD	MAHONING 282	SUMMIT 14	
FAYETTE	MARION	TRUMBULL 5	
FRANKLIN	MEDINA	TUSCARAWAS 25	
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)

Pete Patellis

(Name)

Financial Analyst

(Title)

330-596-6000

(Phone)

2/27/2020

(Date Report Signed)