

**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
Akron Children's Hospital – Mahoning Valley	1488
Medicare Name (if different from registration)	National Provider Identifier
Children's Hospital Medical Center	1861506560
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
6505 Market Street, Boardman, OH 44512	363303

Telephone Number: (330)543-1000

County: **MAHONING**

Mailing address: (if different from above):

Hospital E-Mail Address: gwakulchik@akronchildrens.org

Name of Chief Executive Officer	Title	
Grace Wakulchik	President & CEO	
Name of person submitting report	Title	Telephone Number:
Marvin Boren	Senior Coordinator, Accreditation Informatics	(330)543-4079

Accreditation/certification status: (Check One)

Joint Commission (JC)
Date of last accreditation survey: 10/6/2017

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:

Akron Children’s at Warren

County:

TRUMBULL

Address (street address, city, state)

5000 E Market St, Suite 29
Warren, OH

Zip Code:

44484

TYPES OF SERVICES PROVIDED:

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

Diagnostic radiology

3296

Other (Specialty Practices)

6796

Ultrasound

490

Urgent care

8407

Name of Satellite Unit:

Akron Children’s at Warren Rehab

County:

TRUMBULL

Address (street address, city, state)

5000 E Market St, Suite 28
Warren, OH

Zip Code:

44484

TYPES OF SERVICES PROVIDED:

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

Therapy Services

7214

Name of Satellite Unit:

Akron Children’s Hospital Pediatrics - Austintown

County:

MAHONING

Address (street address, city, state)

5480 Norquest Blvd
Austintown, OH

Zip Code:

44515

TYPES OF SERVICES PROVIDED:

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

Other (Pediatric Primary Care -Visits)

10448

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Boardman

Address (street address, city, state)

6505 Market St, Bldg C Suite 2100
Boardman, OH

TYPES OF SERVICES PROVIDED:

Other (Pediatric Primary Care -Visits)

County:

MAHONING

Zip Code:

44512

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

25192

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Liberty

Address (street address, city, state)

4308 Belmont Ave
Youngstown, OH

TYPES OF SERVICES PROVIDED:

Other (Pediatric Primary Care -Visits)

County:

MAHONING

Zip Code:

44505

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

5336

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Lisbon

Address (street address, city, state)

400 N Market St
Lisbon , OH

TYPES OF SERVICES PROVIDED:

Other (Pediatric Primary Care -Visits)

Other (Specialty Practices)

County:

COLUMBIANA

Zip Code:

44432

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

11625

89

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Warren

Address (street address, city, state)

5000 E Market St, Unit 30
Warren, OH

TYPES OF SERVICES PROVIDED:

Other (Pediatric Primary Care -Visits)

County:

TRUMBULL

Zip Code:

44484

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

25738

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Warren
Down

Address (street address, city, state)

661 Mahoning Ave NW
Warren, OH

TYPES OF SERVICES PROVIDED:

Other (Pediatric Primary Care -Visits)

County:

TRUMBULL

Zip Code:

44483

**TOTAL PATIENTS TREATED FOR
EACH SERVICE TYPE**

7096

Name of Satellite Unit:

Children's at St Elizabeth - NICU

Address (street address, city, state)

8401 Market St
Boardman, OH

TYPES OF SERVICES PROVIDED:

Other (Specialty Practices)

County:

MAHONING

Zip Code:

44512

**TOTAL PATIENTS TREATED FOR
EACH SERVICE TYPE**

8

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:

- 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 _____

Distinct-part rehabilitation unit _____

Transplant center _____

Maternity unit AKRON CHILDREN'S MAHONING VALLEY BEEGHLY CAMPUS - (0193MAT)

SCHEDULE C. FACILITIES AND SERVICES

Hospital Service				Inpatient	Outpatient
Not Available	In House	Contracted	Shared		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Surgical Services

Number of Surgical Cases	<u>26</u>	<u>2319</u>
Number of Surgical Operating Rooms	<u>0</u>	<u>0</u>
Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient)	<u>2</u>	
Total Operating Rooms Onsite	<u>2</u>	
Total Operating Rooms Offsite	<u>0</u>	

Emergency Services

Number of Patients:	
Treated and admitted to hospital	<u>2255</u>
Treated in ER and released	<u>36793</u>

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	Level 2

**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			
Adult special care (ICU/CCU)			
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay			
Newborn care– level I			
Newborn care– level II	248	3554	18
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II			
Obstetrics - level III			
Pediatric general	579	1195	25
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric			
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	827	4749	43

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	705
Home with referral to Home care	45
Home with referral to Hospice Care Program	
To Inpatient Service of a Hospice Care Program	
Transfers to Other Hospitals	3
Transfers to A Nursing Home	
Expired	
TOTAL DISCHARGES	753

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	66	46.02
Certified Nurse Practitioner	25	20.10
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)	3	2.00
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)	3	3.00
Interns		
Licensed practical nurses	8	5.80
Medical social workers (exclude psych.)	16	8.30
Medical Technician		
Medical technologists	11	7.40
Nursing assistants		
Occupational therapists	4	2.67
Other licensed/certified laboratory personnel	5	5.60
Other licensed/certified radiological personnel	3	3.00
Pharmacists, licensed	8	5.80
Pharmacy technicians	10	7.60
Physical therapists	7	6.90
Physician assistants	1	0.67
Psychiatric social workers		
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians	6	2.00
Registered nurses	151	114.21
Residents		
Respiratory therapists	21	14.80
Salaried physicians	39	35.50
Speech/audiology therapists	3	3.00
TOTALS:	390	294.37

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	1	1			
Cardiology	2	2			
Dentistry	3	2			
Dermatology					
Emergency medicine	5	5		9	
Family Medicine	7	7			
Family practice					
Gastroenterology	1	1			
General internal medicine					
General medicine rotation program					
General practice					
Hematology				3	
Neonatology	9	8			
Neurology	1	1			
Nuclear medicine					
Obstetrics and gynecology					
Oncology					
Ophthalmology					
Other medical specialties	15	15		5	
Otorhinolaryngology	4	4			
Pathology					
Pediatrics	28	27		63	
Physical medicine					
Podiatry	1	1			
Psychiatry				2	
Radiology					
Rheumatology					
Surgery: cardiovascular vascular					
Surgery: colon and rectal					
Surgery: general	1	1			
Surgery: neurological					
Surgery: orthopedic	1	1			
Surgery: other surgery specialties					
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology					
TOTAL:	79	76	0	82	0

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

ADAMS	GEAUGA 1	MIAMI	VINTON
ALLEN	GREENE	MONROE	WARREN
ASHLAND	GUERNSEY	MONTGOMERY	WASHINGTON
ASHTABULA 2	HAMILTON	MORGAN	WAYNE
ATHENS	HANCOCK	MORROW	WILLIAMS
AUGLAIZE	HARDIN	MUSKINGUM	WOOD
BELMONT	HARRISON	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER	HIGHLAND	PAULDING	INDIANA
CARROLL 2	HOCKING	PERRY	KENTUCKY
CHAMPAIGN	HOLMES	PICKAWAY	MICHIGAN
CLARK	HURON	PIKE	PENNSYLVANIA 38
CLERMONT	JACKSON	PORTAGE 1	WEST VIRGINIA 2
CLINTON	JEFFERSON 3	PREBLE	OTHER STATE 5
COLUMBIANA 113	KNOX	PUTNAM	
COSHOCTON	LAKE	RICHLAND	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA	LICKING 1	SANDUSKY	
DARKE	LOGAN	SCIOTO	
DEFIANCE	LORAIN	SENECA	
DELAWARE	LUCAS	SHELBY	
ERIE	MADISON	STARK 1	
FAIRFIELD	MAHONING 278	SUMMIT	
FAYETTE	MARION	TRUMBULL 131	
FRANKLIN 1	MEDINA	TUSCARAWAS 1	
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)

Marvin Boren

(Name)

Senior Coordinator, Accreditation
Informatics

(Title)

(330)543-4079

(Phone)

2/25/2020

(Date Report Signed)