

**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
Adena Regional Medical Center	1029
Medicare Name (if different from registration)	National Provider Identifier
Adena Health System	1902839673
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
272 Hospital Road, Chillicothe, OH 45601	360159

Telephone Number: (740)779-7500

County: **ROSS**

Mailing address: (if different from above):

Hospital E-Mail Address: lhenness@adena.org

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Name of Chief Executive Officer	Title	
Mr. Jeff J. Graham	President & CEO	
Name of person submitting report	Title	Telephone Number:
Lisa Henness	Assistant to Chief Financial Officer	740-779-7775

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Accreditation/certification status: (Check One)

Joint Commission (JC)  
Date of last accreditation survey: 4/17/2017

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:**

Adena Health Center Circleville

**County:**

ROSS

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

140 Morris Road  
Circleville, OH

**Zip Code:**

43113

**TYPES OF SERVICES PROVIDED:**

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

Diagnostic radiology

1114

Laboratory Draws

3198

Magnetic Resonance Imaging (MRI)

447

**Name of Satellite Unit:**

Adena Health Center Hillsboro

**County:**

HIGHLAND

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

160 Roberts Lane  
Hillsboro, OH

**Zip Code:**

45133

**TYPES OF SERVICES PROVIDED:**

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

Diagnostic radiology

819

Laboratory Draws

1964

Therapy Services

312

**Name of Satellite Unit:**

Adena Health Center Jackson

**County:**

JACKSON

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

1000 Veterans Drive  
Jackson, OH

**Zip Code:**

45640

**TYPES OF SERVICES PROVIDED:**

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

Diagnostic radiology

4257

Laboratory Draws

8418

Magnetic Resonance Imaging (MRI)

1538

Mammography

1489

Other (Cardiopulmonary)

1277

Therapy Services

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1094

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**Name of Satellite Unit:**

Adena Health Center Oak Hill

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

315 Washington Street  
Oak Hill, OH

**TYPES OF SERVICES PROVIDED:**

Laboratory Draws

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**County:**

JACKSON

**Zip Code:**

45656

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

569

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**Name of Satellite Unit:**

Adena Health Center Washington Court House

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

308 Highland Avenue, Suite C  
Washington C.H., OH

**TYPES OF SERVICES PROVIDED:**

Diagnostic radiology

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Laboratory Draws

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**County:**

FAYETTE

**Zip Code:**

43160

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

503

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1453

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**Name of Satellite Unit:**

Adena Health Center Waverly

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

12340 State Route 104  
Waverly, OH

**TYPES OF SERVICES PROVIDED:**

Diagnostic radiology

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Laboratory Draws

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Mammography

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Other (Cardiopulmonary)

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Therapy Services

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Urgent care

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**County:**

PIKE

**Zip Code:**

45690

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

2725

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9019

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2113

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1810

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1370

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3700

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**Name of Satellite Unit:**

Adena Health Center Western Avenue

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

55 Centinnial Boulevard  
Chillicothe, OH

**TYPES OF SERVICES PROVIDED:**

Diagnostic radiology
Laboratory Draws
Mammography
Other (Cardiopulmonary)
Urgent care

**County:**

ROSS

**Zip Code:**

45601

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

3139
12178
2878
1948
100008

**Name of Satellite Unit:**

Adena Rehabilitation and Wellness Center

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

445 Shawnee Lanes  
Chillicothe, OH

**TYPES OF SERVICES PROVIDED:**

Laboratory Draws
Therapy Services

**County:**

ROSS

**Zip Code:**

45601

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

279
1732

**Name of Satellite Unit:**

Adena Wellness Center West

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

2077 Western Avenue  
Chillicothe , OH

**TYPES OF SERVICES PROVIDED:**

Therapy Services
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**County:**

ROSS

**Zip Code:**

45601

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

1532
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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: Adena Health 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 PPH # (07-2421)

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

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

Maternity unit ADENA HEALTH SYSTEM (0033MAT)

**SCHEDULE C. FACILITIES AND SERVICES**

Hospital Service				Inpatient	Outpatient
Not Available	In House	Contracted	Shared		

**Surgical Services**

Number of Surgical Cases	<u>2377</u>	<u>8424</u>
Number of Surgical Operating Rooms	<u>0</u>	<u>3</u>
Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient)	<u>7</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>6402</u>
Treated in ER and released	<u>39101</u>

**CARDIAC SERVICES**

Number of cardiac catheterizations performed:	
Pediatric	<u>0</u>
Adult	<u>1411</u>
Number of adult open-heart surgical procedures:	<u>99</u>
Number of pediatric cardiovascular surgery procedures:	<u>0</u>

**OBSTETRIC AND NEWBORN DESIGNATION**

Level designation of obstetric services	<b>Level 2</b>
Level designation of newborn	<b>Level 2</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	8841	30458	157
Adult special care (ICU/CCU)	1091	3281	12
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay			
Newborn care– level I			
Newborn care– level II	1295	3079	29
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II	1869	2481	16
Obstetrics - level III			
Pediatric general	45	86	6
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric	593	2154	14
Special skilled nursing			
Swing Beds			
<b>TOTAL HOSPITAL (Total of all Bed Categories)</b>	<b>13734</b>	<b>41539</b>	<b>234</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	7495
Home with referral to Home care	1273
Home with referral to Hospice Care Program	157
To Inpatient Service of a Hospice Care Program	114
Transfers to Other Hospitals	907
Transfers to A Nursing Home	1494
Expired	265
<b>TOTAL DISCHARGES</b>	<b>11705</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	94	74.81
Certified Nurse Practitioner		
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)	2	1.20
Interns	18	15.90
Licensed practical nurses	15	13.60
Medical social workers (exclude psych.)	16	10.80
Medical Technician	8	5.05
Medical technologists	37	26.61
Nursing assistants	206	135.67
Occupational therapists	24	18.22
Other licensed/certified laboratory personnel	83	65.52
Other licensed/certified radiological personnel	57	41.71
Pharmacists, licensed	29	26.80
Pharmacy technicians	8	7.40
Physical therapists	44	29.38
Physician assistants		
Psychiatric social workers		
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians	60	44.38
Registered nurses	620	475.79
Residents	60	60.00
Respiratory therapists	55	36.91
Salaried physicians	13	9.30
Speech/audiology therapists	7	6.20
<b>TOTALS:</b>	<b>1456</b>	<b>1105.25</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	2	2			
Anesthesiology	12	10			
Cardiology	8	8			
Dentistry	4	3			
Dermatology	3	3			
Emergency medicine	18	17			
Family Medicine	32	30			
Family practice					
Gastroenterology	2	2			
General internal medicine	12	12			
General medicine rotation program					
General practice					
Hematology	5	5			
Neonatology					
Neurology	9	9			
Nuclear medicine					
Obstetrics and gynecology	10	2			
Oncology	2	2			
Ophthalmology	5	5			
Other medical specialties	105	100			
Otorhinolaryngology	3	3			
Pathology	16	16			
Pediatrics	12	12			
Physical medicine	4	4			
Podiatry	3	2			
Psychiatry	6	4			
Radiology	95	95			
Rheumatology	1	1			
Surgery: cardiovascular vascular	5	5			
Surgery: colon and rectal					
Surgery: general	7	6			
Surgery: neurological					
Surgery: orthopedic	5	5			
Surgery: other surgery specialties	2	2			
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology	4	4			
<b>TOTAL:</b>	<b>392</b>	<b>369</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

ADAMS 81	GEAUGA	MIAMI	VINTON 493
ALLEN	GREENE 6	MONROE	WARREN 1
ASHLAND	GUERNSEY	MONTGOMERY 5	WASHINGTON 1
ASHTABULA	HAMILTON	MORGAN 4	WAYNE
ATHENS 30	HANCOCK	MORROW	WILLIAMS
AUGLAIZE	HARDIN	MUSKINGUM	WOOD
BELMONT	HARRISON	NOBLE	WYANDOT 1
BROWN 2	HENRY	OTTAWA	OTHER STATES
BUTLER 1	HIGHLAND 807	PAULDING	INDIANA 5
CARROLL 1	HOCKING 209	PERRY 2	KENTUCKY 10
CHAMPAIGN	HOLMES	PICKAWAY 437	MICHIGAN 5
CLARK 2	HURON	PIKE 1472	PENNSYLVANIA 1
CLERMONT 3	JACKSON 1007	PORTAGE 2	WEST VIRGINIA 9
CLINTON 48	JEFFERSON	PREBLE	OTHER STATE 25
COLUMBIANA	KNOX	PUTNAM	
COSHOCTON	LAKE	RICHLAND	
CRAWFORD	LAWRENCE 6	ROSS 6000	
CUYAHOGA 2	LICKING 2	SANDUSKY	
DARKE	LOGAN 1	SCIOTO 259	
DEFIANCE	LORAIN	SENECA	
DELAWARE 7	LUCAS	SHELBY	
ERIE 1	MADISON 16	STARK 1	
FAIRFIELD 93	MAHONING	SUMMIT	
FAYETTE 520	MARION 1	TRUMBULL	
FRANKLIN 68	MEDINA	TUSCARAWAS	
FULTON	MEIGS 17	UNION 1	
GALLIA 86	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)

Lisa Hennes

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

Assistant to Chief Financial Officer

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

740-779-7775

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

2/21/2020

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(Date Report Signed)