

**OHIO DEPARTMENT OF HEALTH
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT
STATISTICAL INFORMATION
JANUARY 1, 2020 - DECEMBER 31, 2020**

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, 2021**

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

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

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 _____

SCHEDULE C. FACILITIES AND SERVICES

Hospital Service				Inpatient	Outpatient
Not Available	In House	Contracted	Shared		

Surgical Services

Number of Surgical Cases	<u>922</u>	<u>5697</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>3527</u>
Treated in ER and released	<u>21757</u>

CARDIAC SERVICES

Number of cardiac catheterizations performed:	
Pediatric	<u>0</u>
Adult	<u>123</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	3094	10868	75
Adult special care (ICU/CCU)	206	1713	9
Alcohol/chemical dependency			
Burn			
Hospice	37	61	2
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	64	93	11
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric	448	1921	17
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	3849	14656	114

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	2244
Home with referral to Home care	463
Home with referral to Hospice Care Program	59
To Inpatient Service of a Hospice Care Program	42
Transfers to Other Hospitals	313
Transfers to A Nursing Home	622
Expired	106
TOTAL DISCHARGES	3849

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	17	14.80
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)		
Interns		
Licensed practical nurses	84	68.00
Medical social workers (exclude psych.)	3	3.00
Medical Technician	13	10.50
Medical technologists	4	2.10
Nursing assistants	49	27.30
Occupational therapists	6	2.90
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed	22	13.70
Pharmacy technicians	18	11.10
Physical therapists	12	9.55
Physician assistants	5	4.10
Psychiatric social workers		
Psychologists	3	3.00
Radiological Personnel	11	8.90
Radiological Technologist - technicians	17	12.55
Registered nurses	206	160.55
Residents		
Respiratory therapists	13	10.20
Salaried physicians	36	35.40
Speech/audiology therapists	2	2.00
TOTALS:	586	459.75

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	3	3			
Cardiology	5	5			
Dentistry	5				
Dermatology					
Emergency medicine	20	17			
Family Medicine					
Family practice	13	12			
Gastroenterology	3	3			
General internal medicine	26	25			
General medicine rotation program					
General practice					
Hematology					
Neonatology					
Neurology	2	2			
Nuclear medicine					
Obstetrics and gynecology	7	6			
Oncology	3	2			
Ophthalmology	2	2			
Other medical specialties	7	7			
Otorhinolaryngology	2	2			
Pathology	4	4			
Pediatrics	6	5			
Physical medicine					
Podiatry	5	3			
Psychiatry	3	3			
Radiology	1	1			
Rheumatology					
Surgery: cardiovascular vascular					
Surgery: colon and rectal					
Surgery: general	3	2			
Surgery: neurological					
Surgery: orthopedic	3	3			
Surgery: other surgery specialties	1	1			
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology	1	1			
TOTAL:	126	110	0	0	0

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

ADAMS	GEAUGA 3	MIAMI	VINTON
ALLEN 2	GREENE	MONROE	WARREN
ASHLAND	GUERNSEY	MONTGOMERY	WASHINGTON
ASHTABULA 3680	HAMILTON 1	MORGAN	WAYNE
ATHENS 1	HANCOCK	MORROW	WILLIAMS 1
AUGLAIZE	HARDIN	MUSKINGUM	WOOD 1
BELMONT 1	HARRISON	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER	HIGHLAND	PAULDING	INDIANA 1
CARROLL	HOCKING	PERRY	KENTUCKY
CHAMPAIGN	HOLMES	PICKAWAY	MICHIGAN
CLARK	HURON	PIKE	PENNSYLVANIA 42
CLERMONT	JACKSON	PORTAGE 5	WEST VIRGINIA 1
CLINTON	JEFFERSON	PREBLE	OTHER STATE 15
COLUMBIANA 3	KNOX	PUTNAM	
COSHOCTON	LAKE 49	RICHLAND 1	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA 15	LICKING	SANDUSKY	
DARKE	LOGAN	SCIOTO	
DEFIANCE	LORAIN 3	SENECA	
DELAWARE	LUCAS	SHELBY	
ERIE 1	MADISON	STARK 2	
FAIRFIELD	MAHONING 6	SUMMIT 3	
FAYETTE	MARION	TRUMBULL 6	
FRANKLIN 6	MEDINA	TUSCARAWAS	
FULTON	MEIGS	UNION	
GALLIA	MERCER	VAN WERT	

AFFIDAVIT

CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL

Report period FROM: 1/1/2020 TO 12/31/2020 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)

2/19/2021

(Date Report Signed)