

**OHIO DEPARTMENT OF HEALTH
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT
STATISTICAL INFORMATION
JANUARY 1, 2021 - DECEMBER 31, 2021**

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, 2022

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 General Medical Center | 1276 |
| Medicare Name (if different from registration) | National Provider Identifier |
| | 1821035940 |
| Hospital Address/Location: (street name and number, city and zip code) | Medicare Provider Number |
| 1 Akron General Avenue, Akron, OH 44307 | 360027 |

Telephone Number: (330)344-6000

County:

SUMMIT

Mailing address: (if different from above):

1 Akron General Avenue, Akron, OH 44307

Hospital E-Mail Address: harveya5@ccf.org

| | |
|---------------------------------|-----------|
| Name of Chief Executive Officer | Title |
| Dr. Brian Harte | President |

| | | |
|----------------------------------|-----------------------------|-------------------|
| Name of person submitting report | Title | Telephone Number: |
| Andrew M. Harvey | Manager, Financial Analysis | (330)344-5870 |

Accreditation/certification status: (Check One)

Joint Commission (JC)

Date of last accreditation survey: 3/14/2020

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:

Center for Neuro & Spine

Address (street address, city, state)

762 Cleveland Massillon Rd.
Akron, OH

County:

SUMMIT

Zip Code:

44333

TYPES OF SERVICES PROVIDED:

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

| | |
|----------------------|------|
| Diagnostic radiology | 4456 |
| Other (Gamma Knife) | 98 |
| Therapy Services | 686 |

Name of Satellite Unit:

Health & Wellness Center - Bath

Address (street address, city, state)

4125 Medina Line Rd.
Bath, OH

County:

SUMMIT

Zip Code:

44333

TYPES OF SERVICES PROVIDED:

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

| | |
|--------------------------------------|-------|
| CT | 8702 |
| Diagnostic radiology | 17356 |
| Laboratory Draws | 23465 |
| Magnetic Resonance Imaging (MRI) | 2636 |
| Mammography | 5866 |
| Other (Cardiac Testing) | 4848 |
| Other (Epilepsy Monitoring) | 557 |
| Other (Free Standing Emergency room) | 17313 |
| Other (Hematology) | 2591 |
| Other (Infusion Services) | 4971 |
| Other (IVF) | 2395 |
| Other (Neurology) | 656 |
| Other (Rheumatology) | 2692 |
| Other (Sleep Center) | 786 |
| Psych | 637 |

| | |
|------------------|-------|
| Therapy Services | 11591 |
| Ultrasound | 4746 |

Name of Satellite Unit:

Health & Wellness Center - Green

Address (street address, city, state)

1940 Town Park Blvd.
Green, OH

TYPES OF SERVICES PROVIDED:

| | |
|--------------------------------------|-------|
| CT | 8789 |
| Diagnostic radiology | 14820 |
| Laboratory Draws | 32473 |
| Magnetic Resonance Imaging (MRI) | 2578 |
| Mammography | 6424 |
| Other (Cardiac Testing & Rehab) | 2976 |
| Other (Endocrine) | 4254 |
| Other (Free Standing Emergency room) | 15957 |
| Other (Hematology) | 2166 |
| Other (Infusion Services) | 5589 |
| Other (Neurology) | 2068 |
| Therapy Services | 8278 |
| Ultrasound | 4539 |

County:

SUMMIT

Zip Code:

44685

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

Name of Satellite Unit:

Health & Wellness Center - Stow

Address (street address, city, state)

4300 Allen Rd.
Stow, OH

TYPES OF SERVICES PROVIDED:

| | |
|----------------------------------|-------|
| CT | 8179 |
| Diagnostic radiology | 16575 |
| Family practice | 9075 |
| Laboratory Draws | 20675 |
| Magnetic Resonance Imaging (MRI) | 2580 |
| Mammography | 4743 |
| Other (Cardiac Testing & Rehab) | 1525 |
| Other (Endocrine) | 7345 |

County:

SUMMIT

Zip Code:

44224

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

| | |
|-------------------------------------|-------|
| Other (Freestanding Emergency Room) | 18615 |
| Other (Hematology) | 2079 |
| Other (Infusion Services) | 4599 |
| Other (Rheumatology) | 6593 |
| Therapy Services | 10082 |
| Ultrasound | 4303 |

Name of Satellite Unit:

Lakemore

Address (street address, city, state)

1500 Canton Rd.
#190
Akron, OH

TYPES OF SERVICES PROVIDED:

Therapy Services

County:

SUMMIT

Zip Code:

44312

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

3095

Name of Satellite Unit:

Summit Medical Plaza

Address (street address, city, state)

3600 W. Market St.
Akron, OH

TYPES OF SERVICES PROVIDED:

Alcohol and drug rehabilitation

County:

SUMMIT

Zip Code:

44333

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

1969

Name of Satellite Unit:

Tallmadge Community Health Center

Address (street address, city, state)

33 North Ave.
Tallmadge, OH

TYPES OF SERVICES PROVIDED:

CT

Diagnostic radiology

Magnetic Resonance Imaging (MRI)

Mammography

Therapy Services

Ultrasound

County:

SUMMIT

Zip Code:

44278

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

1300

2205

1315

3772

2211

1439

Name of Satellite Unit:

White Pond

Address (street address, city, state)

585 White Pond Dr.
Akron, OH

TYPES OF SERVICES PROVIDED:

Therapy Services

County:

SUMMIT

Zip Code:

44320

**TOTAL PATIENTS TREATED FOR
EACH SERVICE TYPE**

3410

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: Cleveland Clinic

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 07-2380

Distinct-part rehabilitation unit _____

Transplant center _____

Maternity unit AKRON GENERAL MEDICAL CENTER (0059MAT)

SCHEDULE C. FACILITIES AND SERVICES

| Hospital Service | | | | Inpatient | Outpatient |
|------------------|----------|------------|--------|-----------|------------|
| Not Available | In House | Contracted | Shared | | |

Surgical Services

| | | |
|--|-------------|-------------|
| Number of Surgical Cases | <u>4975</u> | <u>7970</u> |
| Number of Surgical Operating Rooms | <u>0</u> | <u>0</u> |
| Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient) | | <u>19</u> |
| Total Operating Rooms Onsite | | <u>19</u> |
| Total Operating Rooms Offsite | | <u>0</u> |

Emergency Services

| | |
|----------------------------------|--------------|
| Number of Patients: | |
| Treated and admitted to hospital | <u>14497</u> |
| Treated in ER and released | <u>37348</u> |

CARDIAC SERVICES

| | |
|--|-------------|
| Number of cardiac catheterizations performed: | |
| Pediatric | <u>0</u> |
| Adult | <u>1574</u> |
| Number of adult open-heart surgical procedures: | <u>274</u> |
| Number of pediatric cardiovascular surgery procedures: | <u>0</u> |

OBSTETRIC AND NEWBORN DESIGNATION

| | |
|---|----------------|
| Level designation of obstetric services | Level 3 |
| Level designation of newborn | Level 3 |

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

| | |
|------------------------------------|----------------------|
| Adult Trauma Level Designation | Level 1 |
| 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 | 17352 | 94861 | 315 |
| Adult special care (ICU/CCU) | 2327 | 10975 | 55 |
| 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 | 34 | 3294 | 59 |
| Obstetrics - level I | | | |
| Obstetrics - level II | | | |
| Obstetrics - level III | 4275 | 5752 | 57 |
| Pediatric general | | | |
| Pediatric Intensive (PICU) | | | |
| Physical rehabilitation | | | |
| Psychiatric | 1508 | 13489 | 55 |
| Special skilled nursing | | | |
| Swing Beds | | | |
| TOTAL HOSPITAL (Total of all Bed Categories) | 25496 | 128371 | 541 |

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 | 15934 |
| Home with referral to Home care | 3882 |
| Home with referral to Hospice Care Program | 179 |
| To Inpatient Service of a Hospice Care Program | 351 |
| Transfers to Other Hospitals | 1381 |
| Transfers to A Nursing Home | 3046 |
| Expired | 690 |
| TOTAL DISCHARGES | 25463 |

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 | 97 | 74.00 |
| Certified Nurse Practitioner | 59 | 42.20 |
| Certified Nurse-Midwife | | |
| Certified RN Anesthetists(CRNA) | 65 | 52.00 |
| Clinical Nurse Specialist | 8 | 7.00 |
| Contracted physicians | | |
| Dentists/Dental residents | | |
| Dietetic technicians | 1 | 1.00 |
| Dietitians (registered, eligible) | 15 | 12.00 |
| Interns | 16 | |
| Licensed practical nurses | 27 | 23.50 |
| Medical social workers (exclude psych.) | 17 | 15.80 |
| Medical Technician | 10 | 10.00 |
| Medical technologists | 60 | 53.65 |
| Nursing assistants | 314 | 200.13 |
| Occupational therapists | 11 | 7.20 |
| Other licensed/certified laboratory personnel | 8 | 7.00 |
| Other licensed/certified radiological personnel | 103 | 85.50 |
| Pharmacists, licensed | 88 | 70.90 |
| Pharmacy technicians | 45 | 41.00 |
| Physical therapists | 15 | 10.00 |
| Physician assistants | 30 | 27.50 |
| Psychiatric social workers | 1 | 1.00 |
| Psychologists | | |
| Radiological Personnel | | |
| Radiological Technologist - technicians | 33 | 30.20 |
| Registered nurses | 1173 | 845.45 |
| Residents | | |
| Respiratory therapists | 48 | 36.10 |
| Salaried physicians | 1 | 1.00 |
| Speech/audiology therapists | 9 | 4.00 |
| TOTALS: | 2254 | 1658.13 |

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 | 11 | 10 | | | |
| Anesthesiology | 18 | 16 | | | |
| Cardiology | 25 | 24 | | | |
| Dentistry | 3 | 2 | | | |
| Dermatology | 15 | 15 | | | |
| Emergency medicine | 57 | 50 | 33 | 33 | |
| Family Medicine | 43 | 40 | 21 | 21 | |
| Family practice | | | | | |
| Gastroenterology | 8 | 8 | | | |
| General internal medicine | 42 | 39 | 43 | 43 | |
| General medicine rotation program | | | | | |
| General practice | | | | | |
| Hematology | 7 | 7 | | | |
| Neonatology | | | | | |
| Neurology | 28 | 28 | | | |
| Nuclear medicine | 26 | 25 | | | |
| Obstetrics and gynecology | 88 | 83 | 18 | 18 | |
| Oncology | 17 | 16 | | | |
| Ophthalmology | 6 | 5 | | | |
| Other medical specialties | 106 | 97 | | | |
| Otorhinolaryngology | 6 | 6 | | | |
| Pathology | 102 | 102 | | | |
| Pediatrics | 57 | 53 | | | |
| Physical medicine | 7 | 5 | | | |
| Podiatry | 30 | 20 | | | |
| Psychiatry | 20 | 18 | 4 | 4 | |
| Radiology | 83 | 81 | | | |
| Rheumatology | 4 | 4 | | | |
| Surgery: cardiovascular vascular | 3 | 2 | | | |
| Surgery: colon and rectal | | | | | |
| Surgery: general | 27 | 24 | 18 | 18 | |
| Surgery: neurological | 19 | 16 | | | |
| Surgery: orthopedic | 27 | 23 | 15 | 15 | |
| Surgery: other surgery specialties | 8 | 8 | 1 | | |
| Surgery: plastic | 7 | 6 | | | |
| Surgery: rotation program | | | | | |
| Surgery: thoracic | | | | | |
| Urology | 13 | 13 | 10 | 10 | |
| TOTAL: | 913 | 846 | 163 | 162 | 0 |

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

| | | | |
|---------------|--------------|----------------|------------------|
| ADAMS | GEAUGA 8 | MIAMI | VINTON |
| ALLEN | GREENE | MONROE | WARREN 4 |
| ASHLAND 69 | GUERNSEY 14 | MONTGOMERY 3 | WASHINGTON 6 |
| ASHTABULA 6 | HAMILTON 4 | MORGAN 2 | WAYNE 763 |
| ATHENS 1 | HANCOCK | MORROW 6 | WILLIAMS |
| AUGLAIZE 1 | HARDIN 1 | MUSKINGUM 4 | WOOD 1 |
| BELMONT 6 | HARRISON 36 | NOBLE 3 | WYANDOT |
| BROWN | HENRY | OTTAWA 1 | OTHER STATES |
| BUTLER 1 | HIGHLAND | PAULDING | INDIANA 5 |
| CARROLL 51 | HOCKING 1 | PERRY | KENTUCKY 3 |
| CHAMPAIGN | HOLMES 63 | PICKAWAY 2 | MICHIGAN 19 |
| CLARK | HURON 14 | PIKE 1 | PENNSYLVANIA 27 |
| CLERMONT | JACKSON 1 | PORTAGE 1340 | WEST VIRGINIA 15 |
| CLINTON | JEFFERSON 15 | PREBLE | OTHER STATE 152 |
| COLUMBIANA 65 | KNOX 7 | PUTNAM | |
| COSHOCTON 23 | LAKE 22 | RICHLAND 17 | |
| CRAWFORD 2 | LAWRENCE | ROSS | |
| CUYAHOGA 348 | LICKING 2 | SANDUSKY 1 | |
| DARKE 1 | LOGAN | SCIOTO 3 | |
| DEFIANCE | LORAIN 41 | SENECA 1 | |
| DELAWARE | LUCAS 2 | SHELBY 2 | |
| ERIE 3 | MADISON | STARK 1700 | |
| FAIRFIELD | MAHONING 100 | SUMMIT 18217 | |
| FAYETTE | MARION 1 | TRUMBULL 73 | |
| FRANKLIN 21 | MEDINA 1670 | TUSCARAWAS 523 | |
| FULTON | MEIGS | UNION | |
| GALLIA | MERCER 1 | VAN WERT | |

AFFIDAVIT

CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL

Report period FROM: 1/1/2021 TO 12/31/2021 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)

Andrew M. Harvey

(Name)

Manager, Financial Analysis

(Title)

(330)344-5870

(Phone)

3/2/2022

(Date Report Signed)