

**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 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: cguessner@akronchildrens.org

Name of Chief Executive Officer	Title	
Christopher Gessner	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: 9/25/2020

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:

Akron Children’s at Warren

Address (street address, city, state)

5000 E Market St, Suite 29
Warren, OH

TYPES OF SERVICES PROVIDED:

Diagnostic radiology
Other (Specialty Practices)
Ultrasound
Urgent care

County:

TRUMBULL

Zip Code:

44484

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

3264
8453
491
7697

Name of Satellite Unit:

Akron Children’s at Warren Rehab

Address (street address, city, state)

5000 E Market St, Suite 28
Warren, OH

TYPES OF SERVICES PROVIDED:

Therapy Services

County:

TRUMBULL

Zip Code:

44484

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

7158

Name of Satellite Unit:

Akron Children’s Hospital Pediatrics - Austintown

Address (street address, city, state)

5480 Norquest Blvd
Austintown, OH

TYPES OF SERVICES PROVIDED:

Other (Behavioral Health Services - Visits)
Other (Pediatric Primary Care -Visits)

County:

MAHONING

Zip Code:

44515

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

219
13640

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Boardman

Address (street address, city, state)6505 Market St., Building A
Boardman, OH**TYPES OF SERVICES PROVIDED:**Other (Pediatric Primary Care -Visits)

County:

MAHONING

Zip Code:

44512

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE31402

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - East Liverp

Address (street address, city, state)15655 State Route 170
East Liverpool, OH**TYPES OF SERVICES PROVIDED:**Other (Pediatric Primary Care -Visits)

County:

COLUMBIANA

Zip Code:

43920

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE4680

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 (Behavioral Health Services - Visits)

Other (Pediatric Primary Care -Visits)

County:

MAHONING

Zip Code:

44505

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE159

7816

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 TYPE12816

132

Name of Satellite Unit:

Akron Children's Hospital Pediatrics - Warren

Address (street address, city, state)

5000 E Market St, Suite 30
Warren, OH

TYPES OF SERVICES PROVIDED:

Other (Pediatric Primary Care -Visits)

County:

TRUMBULL

Zip Code:

44484

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

24090

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

7310

Name of Satellite Unit:

Akron Children's Hospital Pediatric Psychiatry &

Address (street address, city, state)

6614 Southern Blvd, Building E
Boardman, OH

TYPES OF SERVICES PROVIDED:

Other (Behavioral Health Services - Visits)

County:

MAHONING

Zip Code:

44512

TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE

7903

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

2

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 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 checked="" type="checkbox"/> Children's |

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

- | | |
|---|--|
| <input type="checkbox"/> General | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Alcohol and drug | <input checked="" 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 _____

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>24</u>	<u>1988</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>2317</u>
Treated in ER and released	<u>30109</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	274	6568	18
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II			
Obstetrics - level III			
Pediatric general	506	1346	25
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric			
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	780	7914	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	676
Home with referral to Home care	20
Home with referral to Hospice Care Program	
To Inpatient Service of a Hospice Care Program	
Transfers to Other Hospitals	4
Transfers to A Nursing Home	
Expired	
TOTAL DISCHARGES	700

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	80	71.75
Certified Nurse Practitioner	43	35.30
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)	3	2.00
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)	2	2.00
Interns		
Licensed practical nurses	13	12.10
Medical social workers (exclude psych.)	11	6.95
Medical Technician	2	1.30
Medical technologists	12	8.40
Nursing assistants	2	
Occupational therapists	7	5.08
Other licensed/certified laboratory personnel	12	6.70
Other licensed/certified radiological personnel	3	2.90
Pharmacists, licensed	12	8.60
Pharmacy technicians	8	7.00
Physical therapists	11	10.70
Physician assistants	3	3.00
Psychiatric social workers	11	9.00
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians	36	22.41
Registered nurses	242	181.73
Residents		
Respiratory therapists	22	16.40
Salaried physicians	59	48.30
Speech/audiology therapists	6	5.10
TOTALS:	600	466.72

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					
Dermatology					
Emergency medicine	4	4			
Family Medicine					
Family practice					
Gastroenterology					
General internal medicine					
General medicine rotation program					
General practice					
Hematology					
Neonatology	10	10			
Neurology	2	2			
Nuclear medicine					
Obstetrics and gynecology					
Oncology					
Ophthalmology					
Other medical specialties	19	18			
Otorhinolaryngology					
Pathology					
Pediatrics	17	15			
Physical medicine					
Podiatry					
Psychiatry					
Radiology	1	1			
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:	58	55	0	0	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	HAMILTON	MORGAN	WAYNE
ATHENS	HANCOCK 3	MORROW	WILLIAMS
AUGLAIZE	HARDIN	MUSKINGUM	WOOD
BELMONT 1	HARRISON	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER 1	HIGHLAND	PAULDING	INDIANA 1
CARROLL	HOCKING	PERRY	KENTUCKY
CHAMPAIGN	HOLMES	PICKAWAY	MICHIGAN
CLARK	HURON	PIKE	PENNSYLVANIA 33
CLERMONT	JACKSON	PORTAGE 3	WEST VIRGINIA
CLINTON	JEFFERSON 4	PREBLE	OTHER STATE 1
COLUMBIANA 129	KNOX	PUTNAM	
COSHOCTON	LAKE	RICHLAND 1	
CRAWFORD	LAWRENCE 3	ROSS	
CUYAHOGA 2	LICKING	SANDUSKY	
DARKE	LOGAN	SCIOTO	
DEFIANCE	LORAIN	SENECA	
DELAWARE	LUCAS 1	SHELBY	
ERIE	MADISON	STARK 4	
FAIRFIELD	MAHONING 381	SUMMIT 2	
FAYETTE	MARION	TRUMBULL 198	
FRANKLIN 3	MEDINA 1	TUSCARAWAS	
FULTON	MEIGS	UNION	
GALLIA	MERCER 7	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)

Marvin Boren

(Name)

Senior Coordinator, Accreditation
Informatics

(Title)

(330)543-4079

(Phone)

2/28/2022

(Date Report Signed)